XXSQA

National Qualifications, Higher National Qualifications (including Graded Units) and Scottish Vocational Qualifications

Qualification Verification Summary Report 2019

Beauty Care

Verification group: 66

Introduction

There were 32 external verification visits undertaken in academic session 2018–19:

♦ four Scottish Vocational Qualifications (SVQ)
♦ eight National Qualifications (NQ)
♦ eight Higher National Qualifications (HN) sampling both current and lapsing units
♦ ten HW9X 34 Beauty Therapy: Graded Unit 1
♦ one HY2R 35 Beauty Therapy: Graded Unit 2
♦ one DP60 35 Beauty Therapy: Graded Unit 2 (lapsing)

Confidence ratings of the 32 visits were as detailed below:

♦ four SVQs — all high confidence
♦ eight NQ — seven high confidence, one reasonable confidence
♦ eight HN — six high confidence, two reasonable confidence
♦ ten HW9X 34 Beauty Therapy: Graded Unit 1 — all high confidence
♦ one HY2R 35 Beauty Therapy: Graded Unit 2 — high confidence
♦ one DP60 35 Beauty Therapy: Graded Unit 2 (lapsing) — high confidence

Actions were identified in three centres where the overall outcome rating was 'reasonable confidence'. These impacted on SQA quality criteria 4.2, 4.3 and 4.6. The identified actions were completed within agreed timescales: the required evidence was submitted by centres one and two to SQA for scrutiny; centre three received a second qualification verification visit. Evidence reports were completed demonstrating compliance and all centre outcome ratings were updated to high confidence following review of the evidence.

In almost all centres where qualification verification activity took place in 2018–19, the evidence viewed against SQA quality criteria and resultant confidence ratings indicate that standards are being maintained for SQA awards in verification group 66 Beauty Care. Discussions with centre staff during visits and the comments and recommendations made within SQA quality criterion 4.6 highlight, however, that there is scope for improvement in: completing consultation records, providing bespoke/prescription treatments, and giving specific relevant advice and product recommendations reflective of industry practice. Learners should also be encouraged to use technical terminology to demonstrate knowledge and should be supported in the development of their academic writing.

The following awards/units were subject to external verification sampling in academic session 2018–19.

GL6Y 22   SVQ 2 Beauty Therapy at SCQF level 5:
HF8D 04   Provide Facial Skin Care Treatment
HF8E 04   Enhance the Appearance of the Eyebrows
HF8F 04   Enhance the Appearance of Eyelashes
HF8G 04   Carry out Waxing Services
HF8H 04   Provide Make-up Services
HF8J 04   Provide Manicure Services

H9CM 04   Fulfil Salon Reception Duties
HF8R 04   Provide Gel Polish Services

GL71 23   SVQ 3 Beauty Therapy at SCQF level 6:

H9CY 04   Contribute to the Planning, Implementation and Evaluation of Promotional Activities
HF91 04   Provide Facial Electrical Treatments
HF96 04   Carry out Massage using Pre-blended Aromatherapy Oils
HF98 04   Provide Stone Therapy Treatments
HF9D 04   Provide Cosmetic Skin Peel Treatments

GL72 23   SVQ 3 Nail Services at SCQF level 6:

HF9K 04   Maintain and Finish Nail Overlays using an Electric File

National Qualifications Units at SCQF level 4:

FW08 10   Beauty Skills: An introduction
FW0A 10   Contemporary Make-up
FW0D 10   Creative Nail Finishes
F0FE 10   Cosmetology: Beauty Practical Skills

National Qualifications Units at SCQF level 5:

F4C0 11   Day Make-up and Basic Corrective Make-up
F4BW 11   Bridal and Evening Make-up
F4BV 11   Hair, Beauty & Make-up Competition Skills
F4P5 11   Facial Skin Care
F9V9 11   Waxing Treatments
F4C7 11   Hair, Beauty and Make-up Portfolio Presentation
H1WT 11   Salon Skills: The Essentials
H1WW 11 Pedicure

National Qualifications Units at SCQF level 6:

F6XF 12   Eye Enhancements
F6XE 12   Scalp, Neck and Shoulder Massage
F6XG 12   Manicure and Pedicure
F6XH 12   Acrylic Nails
F6XJ 12   Gel Nails
F6XK 12   Face and Body Electrotherapy: An Introduction
F6XE 12   Scalp, Neck and Shoulder Massage

Higher National Units and Graded Units:

HX03 34   Beauty Therapy: Applied Anatomy and Physiology
HW0X 34   Beauty Therapy: Face and Body Treatment Packages
J1CT 34   Beauty Therapy: Professional Salon Skills
HW9X 34   Beauty Therapy: Graded Unit 1
HY2R 35   Beauty Therapy: Graded Unit 2

HX01 34   Beauty Therapy: Hand, Foot and Nail Therapies
HW10 34   Beauty Therapy: Face and Body Electrotherapy
HW11 34   Beauty Therapy: Facial Therapy Treatments
HF7J 34   Body Massage Treatments
HW18 35   Spa Treatments
DN6H 34   Beauty Therapy: Electrical Epilation
DN6F 35   Beauty Therapy: Contemporary Electrotherapy
DN6C 33   Body Massage
DN6Y 34   Beauty Therapy: Management and Practices of Facial Therapies (lapsing —
           finish date 31 July 2020)
DP60 35   Beauty Therapy: Graded Unit 2 (lapsing — finish date July 2020)
DN7T 33   Beauty Therapy: Nail Extensions (lapsing — finish date July 2020)
DN80 33   Beauty Therapy: Face and Body Electrotherapy (lapsing — finish date July
           2020)
DN6E 34   Beauty Therapy: Contemporary Aesthetic Treatments (lapsing — finish date July
           2020)
DN6G 33   Beauty Therapy: Depilation (lapsing — finish date July 2020)

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.

The comments made in this section apply to SVQs only. This criterion is 'not verified' for NQ or HN qualifications as there are no specific assessor/ verifier occupational, subject experience or continuing professional development requirements stipulated in awarding/regulatory body documents for these qualifications.

In all centres visited, assessor(s) and internal verifier(s) qualifications met the requirements of the current assessment strategy for SVQ/NVQ qualifications.

Continuing professional development (CPD) records viewed in all centres confirmed participation in a variety of relevant subject-related training and development activities. CPD records demonstrated that assessor(s)/internal verifier(s) were compliant with the current assessment strategy for academic session 2017–18 and were working towards the required 30 hours in academic session 2018–19, for completion by 31 August 2019 in line with assessment strategy requirements.

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

In all centres initial and ongoing review followed centre policy and procedure. Annual course/programme reviews undertaken demonstrated the review of assessment environment, assessment procedures, equipment, learning resources and assessment material.

Team meeting minutes that were available confirmed ongoing discussion in respect of learning and teaching and quality. Standardisation meetings records confirmed discussion and agreement between assessor(s) and internal verifier(s). It was evident from discussions with centre staff during HN visits that an increased number of standardisation meetings, both formal and informal, had taken place this academic session due to the implementation/delivery of the new HN Beauty Therapy framework.

Learning and teaching material was, in all centres, accessible to staff either in paper format or via the centre shared drive. Almost all centres use SQA devised instruments of assessment where these are available. Completed internal verification documentation confirmed that quality checks were made on assessment material following centre procedures. Pre-delivery internal verification had been carried out in almost all centres.

Category 3: Candidate support

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

As in academic session 2017–18, learner development needs and prior achievement are determined during the selection/recruitment process in almost all centres. Where ad hoc NQ units are delivered as part of school programmes, prior achievement is generally not applicable.

Additional support, where required, is accessed via learning support teams. Personal Learning Plans which detail support requirements are produced in almost all centres for learners. These are made available to all relevant staff, reviewed and updated as required.

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

In all centres, learners undertaking non-advanced courses had a weekly one hour timetabled session which they attend on a rota basis, as well as one-to-one formal reviews carried out either twice per academic session (semester) or three times per academic session (block) — depending on the centre academic calendar.

Learners on advanced programmes did not have timetabled sessions. These learners have one-to-one formal reviews per semester or block as applicable. In addition, while undertaking the graded unit, learners received three mentor sessions following submission and marking of each stage — planning, developing and evaluating.

Assessment evidence sampled confirmed that learners on both non-advanced and advanced programmes receive feedback on their progress on an ongoing basis in the form of, for example, an assessment feedback sheet (written assessment) and client consultation records (observed performance).

Learners in most centres were provided with academic session assessment plans and, in almost all, with subject assessment plans.

Facebook appears to be the most common method used to maintain communication between learners and college staff and learners and learners. Others methods noted included email, telephone, Blackboard, and Moodle.

There were examples of good practice identified within this criterion, demonstrating how centres effectively support learners to review their progress:

♦ Centre A — learners undertake an assessment activity reflecting assessment conditions to confirm they are assessment ready before beginning their summative practical assessment. Centre A also provides a support class which learners can choose to attend as/when they need additional practice (practical application).
♦ Centre B — weekly lesson plans and learning and teaching material are made available to learners via Moodle to support the assessment process.
♦ Centre C — uses closed group iOS and android App BAND; a current method of digital, asynchronous communication. The app allows sharing of files and information in a fast,

flexible and reliable way to all learners at the same time, and can also be used on a one-to-one basis.

Category 4: Internal assessment and verification

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

Internal verification documentation that was viewed confirmed that centre procedures and processes were being implemented. In almost all centres, pre-delivery assessment checks and internal verification sampling had been carried out on the units identified in qualification verification visit plans. In one centre visited it was noted that observation of assessment practice had taken place; in another the electronic internal verification system used increased the efficiency of the quality process; and in some centres, detailed recorded feedback on the evidence sample captured feedback and feed forward. Graded unit submissions in many centres had been cross-marked to check/confirm mark allocations and promote standardisation across class cohorts.

Where inaccuracy/inconsistency had been identified during internal verification sampling/cross-marking these had been actioned or were in the process of being actioned. Internal verification had been ineffective in a small number of centres visited; in two, failing to identify that the assessment evidence produced did not meet the evidence requirements as detailed in the unit specification; in a third, there was no formal internal verification process or procedure. In each of these centres actions were identified during the external qualification verification activity: learners were re-assessed; assessment judgements were made on the re-assessments; and internal verification sampling was undertaken to confirm that accurate and consistent assessment decisions had been made by assessors before the candidate evidence was submitted to SQA for scrutiny. In addition, centre 3 was required to provide evidence of an internal verification procedure and implementation of its processes.

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

All centres delivering the SVQ awards are using the SQA devised instruments of assessment: candidate e-portfolio, consultation records, SQA Solar e-assessment and assessor-marked tasks — facilitating a standardised approach to gathering evidence. E-assessment is accessed via SQA Solar and marked electronically. Assessor-marked assessment and consultation records are accessed via the SQA secure website. Almost all centres use paper consultation records and e-portfolios. E-portfolios are kept in central storage spaces.

Almost all centres delivering National Qualifications and Higher National Qualifications continue to use SQA devised unit instruments of assessment where these are available. In previous academic sessions, centres that had devised their own unit instruments of assessment (or alternative assessments) were advised to submit these to SQA for prior verification. It was evident that centres have followed this advice resulting in an increase in submissions of centre-devised instruments of assessment to SQA for prior verification in this academic session. It was, however, noted that where centres 'house style' SQA instruments of assessment that SQA had not been acknowledged for copyright purposes and it was recommended that centres do so.

In two centres the prior verified instrument of assessment was not being used as intended, resulting in inaccurate assessment decisions being made against SQA unit evidence requirements. In both instances this had occurred due to a

misinterpretation/misunderstanding of unit evidence requirements by the delivering assessor(s) and/or internal verifier(s). Unit evidence requirements were clarified, confirmed and discussed with centre staff in both of these centres.

The SQA assessment support packs developed for HW9X 34 Beauty Therapy: Graded Unit 1 and HY2R 35 Beauty Therapy: Graded Unit 2, are being used by all centres. Most had used the guidance contained in these to standardise the application of additional marks. Despite this however, in almost all centres where external verification activity took place the allocation of additional marks had been applied generously. It was concluded that this could be due to a lack of clarity/misinterpretation of the submission content required to meet minimum evidence requirements. Moving forward it is recommended that assessor(s)/internal verifier(s) discuss, agree and standardise on unit minimum evidence requirements as a mechanism to support the accurate and consistent application of additional marks.

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

All centres delivering SVQ awards use SQA Solar e-assessment for the identified essential knowledge and understanding component which requires a secure password for each learner to access each assessment; e-assessment is carried out in closed-book conditions. Tasks are open-book; practical summative assessments are carried out by direct observation.

Assessment evidence was gathered as specified in the evidence requirements section of each unit specification — open-book, closed-book and direct observation by almost all centres delivering NQ and HN units/awards.

Learners confirmed that plagiarism is discussed during course and unit induction. In most centres, a declaration form is included and signed by learners with assignment/report submissions confirming that submissions are their own work. Many centres use Turnitin (plagiarism detection service) for HN open-book assessment submissions.

Almost all centres have a malpractice policy in place which gives guidance on what constitutes malpractice and what happens if malpractice is suspected and/or proven.

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

Accurate and consistent assessment decisions against SQA requirements supported by internal verification sampling had been made in almost all centres where external verification activity took place.

Actions were identified in three centres visited. In two, the assessment evidence produced did not fully meet the evidence requirements as detailed in the unit specification due to a misinterpretation of unit evidence requirements by centre staff — in centre one, HW10 34 Beauty Therapy: Face and Body Electrotherapy; in centre two, HW18 35 Spa Treatments. In centre three, the assessment evidence had not been judged and marked in line with the approved marking criteria with insufficient feedback to ensure learners and internal verifier had a clear indication of success or remedial action. In addition, insufficient evidence was

provided for all practical treatments within F0FE 10 Cosmetology: Beauty Practical Skills, F4BW 11 Bridal and Evening Make-Up, F4C0 11 Day Make-Up and Basic Corrective Make-Up and FW0A 10 Contemporary Make-Up.

Across all programmes, the standard of consultation record completion varied and was, as in 2017–18, commented on in qualification verification reports as an area where standards require to be improved. In some instances consultation records barely met the minimum requirement. It was noted that a high volume of remediation had been required to achieve the required minimum standard. Centre staff should continue to use ongoing opportunities within learning and teaching/formative assessment to provide support and guidance to learners on the completion of consultation records enabling learners to become confident and competent in their completion before summative assessment takes place, thereby reducing the amount of remediation required. Learners should be encouraged to develop and expand the information inserted within consultation records to reflect the academic level of the course being undertaken. It is important to reinforce linking the treatment choice to meet client needs, providing a bespoke/prescription treatment for clients, reflecting industry practice and providing specific (as opposed to generic) aftercare advice and product recommendations, in particular to HN learners.

Evaluation continues to be challenging for learners at all levels; support and encouragement should continue to be given to learners at all levels of study to be objective and evaluative. Emphasis should be placed on treatment evaluation as opposed to own performance unless this is a unit evidence requirement.

Graded unit

Due to the timing of external verification activity for graded units, sampling focused on the planning and developing stages as evaluating was incomplete. Evidence sampled in almost all centres demonstrated the generous application of additional marks. It was concluded that this could be due to a lack of clarity/misinterpretation of the content required to meet minimum evidence requirements. It was therefore recommended that where final marks bordered two grades that submissions/marking be reviewed to ensure learners are awarded an accurate grade. In one centre a standardisation event had already been planned before final grade confirmation/allocation.

As in session 2017–18, the lack of technical terminology used to demonstrate knowledge and level of academic writing evident in learner submissions was a recurrent topic for discussion with centre staff as noted in comments sections and by recommendations in almost all graded unit qualification verification reports. Centre staff should continue to encourage learners to use technical terminology within submissions to demonstrate the knowledge gained from undertaking mandatory/optional units and support learners in the development of their academic writing skills.

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

In all instances the centre assessment retention policy identifies the procedures which should be followed.

Information to inform the completion of visit plans was in most instances received timeously by external verifiers. Discussions with centre staff confirmed awareness of SQA retention guidelines. In all centres, evidence is retained beyond SQA requirements.

Where centres had been notified that they had been selected for external verification, evidence had been retained in line with SQA evidence retention requirements. Evidence identified in visits plans were either available or made available during external verification visits.

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

In most centres, a member of the centre quality team/SQA co-ordinator was present during the feedback session at the end of the visit. In all, subject assessor(s) and internal verifier(s) attend the feedback session where this is practicable. In all centres the verification report is received by the centre SQA co-ordinator/quality department who disseminates it to the appropriate staff. Good practice and recommendations are highlighted and required actions, where applicable, are recorded and actioned by the relevant member of staff within agreed timescales.

Minutes viewed confirmed that the outcome of external verification activity is discussed in team/standardisation meetings to inform assessment practice.

External verification reports and meeting minutes are generally accessible to all on the staff shared drive.

Areas of good practice reported by qualification verifiers

The following good practice was reported during session 2018–19:

♦ Pre-summative assessment to confirm assessment readiness (3.3).
♦ Access to additional support for practical skills development (3.3).
♦ Lesson plans and learning and teaching material available on Moodle (3.3).
♦ Use of current technology to inform learners (3.3).
♦ Cross-marking of graded unit submissions (4.2).
♦ Observation of assessment practice (4.2).
♦ Detailed feedback giving feedback and feed forward (4.2).
♦ Implementation of an internal verification system which increases efficiency (4.2).

Specific areas for development

The following areas for development were reported during session 2018–19:

♦ Acknowledge SQA's copyright where relevant (4.3).
♦ Graded unit — standardise on unit minimum evidence requirements as a mechanism to support the accurate and consistent application of additional marks (4.3).
♦ Encourage learners to develop and expand information inserted within consultation records (4.6).
♦ Use ongoing opportunities within learning and teaching/formative assessment to provide support and guidance to learners on the completion of consultation records (4.6).
♦ Reinforce the importance of linking treatment choice to meet client needs (4.6).
♦ Encourage learners to provide bespoke/prescription treatments (4.6).
♦ Encourage learners to provide specific advice and product recommendations (4.6).
♦ Encourage learners to be objective and evaluative (4.6).
♦ Encourage learners to place more emphasis on treatment evaluation (4.6).
♦ Encourage learners to use technical terminology to demonstrate knowledge (4.6).
♦ Support learners in the development of their academic writing (4.6).
♦ Graded unit — where a final mark borders two grades, review to ensure learners are awarded an accurate grade (4.6).