



National Units

Qualification Verification Summary Report 2022

Emergency First Aid

Verification group number: 488

Introduction

Qualification verification for session 2021–22 covered the following regulated first aid units:

- HV82 04 Emergency First Aid in the Workplace
- HV83 04 Recognition and Management of Illness and Injury in the Workplace ()
- J1SH 46 Emergency Paediatric First Aid
- J1SJ 46 Managing Paediatric Illness, Injuries and Emergencies

Units HV82 04 and HV83 04 have been in effect since they were last updated in December 2019 (Summative 2) and June 2020 (Summative 1). Units J1SH 46 and J1SJ 46 have been in effect since May 2019 (Summative 1) and July 2019 (Summative 2).

The pandemic created several logistical challenges for centres, including the need for larger training environments, smaller class sizes, additional equipment, and enhanced hygiene routines. Many centres were unable to deliver SQA first aid qualifications at all in 2020 and by 2021 approximately only half had become fully operational again after periods of inactivity or closure.

2022 saw us back to more normal levels of training activity. Most centres were delivering the workplace units HV82 04 and/or HV83 04 with some centres also offering paediatric first aid qualifications.

Qualification verification for regulated qualifications covers specific criteria related to resources, candidates and internal verification. This now includes criterion 3.2 which looks at how centres manage and support candidate individual needs, including eligibility for revalidation of a previously achieved qualification.

In August 2022 all regulated first aid units were re-written following a syllabus review of all regulated first aid qualifications by the First Aid Awarding Organisation Forum (FAAOF). This was to incorporate the 2021 Resuscitation Council UK updates and to ensure consistency across all qualifications. This coincided with the lapsing period for HV82 04 and HV83 04 on 30 September 2022 and all regulated first aid units, including paediatric have now been replaced as follows:

- J6N0 46 Emergency First Aid in the Workplace
- J6N1 46 Recognition and Management of Illness and Injury in the Workplace
- J6N2 46 Emergency Paediatric First Aid
- J6N3 46 Managing Paediatric Illness, Injuries and Emergencies

For courses delivered after 30 September 2022, centres must ensure they only enter candidates for the new first aid units.

The latest summative assessments are available on the [SQA Secure](#) site and support materials are available via the [SQA First Aid Awards](#) page. This includes lesson plans related to the current units and other templates to support internal quality assurance such as CPD records, trainer-assessor observation forms, course evaluations, pre-delivery checklists and internal verification records.

The evidence reviewed in 2022 shows overall that the standards required to deliver and assess regulated first aid qualifications were being maintained by almost all centres (with significant strengths identified). Areas for development were identified for a small number of centres with very few having some strengths and some weaknesses, but some having weaknesses which outweighed their strengths. This is comparative with previous years.

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.

Almost all centres have staff who are appropriately, and in some cases highly, qualified for their role of trainer, assessor and internal verifier to deliver and assess these units. Staff at a very small number of centres were working towards an appropriate internal verifier award with a qualified internal verifier reviewing and signing off the professional judgements of the internal verifier candidate. Staff at a small number of centres hold acceptable internal quality assurance CPD certificates rather than IQA qualifications. A very small number of centres did not provide clear evidence of relevant staff qualifications and/or had at least one staff member without an acceptable assessor or internal verifier award. Where a trainer, assessor or internal verifier holds a qualification not listed in the Assessment Strategy and Assessment Principles for Regulated First Aid Training, the centre must demonstrate how the qualification maps across to a currently accepted award.

In almost all centres, the trainer, assessor and internal quality assurers hold a current and valid First Aid at Work qualification. However, in a small number of centres staff do not have an accredited FAW certificate which meets the quality assurance standards required for training, assessing, or internally verifying regulated first aid qualifications. Very few centres did not make this evidence available for the external verification visit. Staff at a small number of centres are exempt from holding the FAW qualification due to medical registration but choose to undertake it anyway as part of their professional development. At a small number of centres staff revalidate their occupational qualifications by undertaking the full three-day FAW course rather than the 12-hour revalidation course. It is strongly recommended that when revalidating, centres refer to the list of currently accepted First Aid at Work qualifications in the relevant Assessment Strategy and Guidance document(s). The most up to date information can also be found at <https://faaof.org/faq/>.

Where centres are approved to deliver paediatric qualifications, some have staff who also hold an additional paediatric first aid qualification.

Minimum training hours (36 hours over 3 years) have been met by almost all trainers and assessors, with staff in some centres greatly exceeding this requirement.

Most centre staff have records of continuous professional development (CPD) which meet minimum requirements; however, some centres do not have a robust and standardised system for collating this information. This includes a small number of centres where there was limited evidence of staff development and entries did not fully meet the requirements of the assessment strategies for either their SQA trainer, assessor and/or internal verifier role,

or for first aid occupational standards. CPD records for staff at some centres were of a very high standard, demonstrating a broad range of activity and subject-specific development practice. Most centres did not include attendance at standardisation meetings or professional reading on their CPD records. It is a requirement of the role that trainers, assessors and internal verifiers undertake at least one professional development activity related to occupational knowledge as well as each role they fulfil such as participation in any quality assurance related activities. This should include reflection on what has been learned and impact on the relevant role. Where staff hold more than one role within the centre it is helpful if they state which role their CPD activity relates to. Exemplars have been provided in the guidance section of the [SQA First Aid Awards](#) page.

Almost all centres had good records of the required observation of trainers and/or assessors. Where observations for the current session had not all been completed prior to the external verification visit, this had been planned for the next course delivery. In a very small number of cases this was due to staffing changes. A few centres demonstrated exemplary support for trainers and/or assessors including observation of live assessment and good annotation of areas for development. In a small number of centres, the outcome of trainer observations feeds directly into the internal verification strategy and influenced trainer risk-ratings. Evidence of trainer and/or assessor observations was not provided in a very small number of cases. Trainers and assessors must be observed by a qualified and suitably experienced internal verifier at least once annually. This is a minimum of 4 hours for experienced trainers/assessors and a minimum of 6 hours for new trainers/assessors. Where areas for development have been identified the trainer/assessor's risk rating may increase or decrease as outlined in the centre's internal verification strategy. A template has been provided in the guidance section of the [SQA First Aid Awards](#) page.

Standardisation minutes for a very small number of centres evidenced planned support for a new trainer/assessor and discussion around the quality of CPD submissions.

Some centres were required to submit additional evidence in order to confirm compliance with the required standards for regulated first aid awards.

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

All centres were conducting training in an appropriate environment, this was mostly in purpose-built classrooms. It was evident from the use of pre-delivery records and site-selection checklists that almost all centres are giving careful consideration to the suitability and flexibility of their venues, especially relating to floor space. All training environments had adequate IT facilities and some centres were also making use of additional spaces such as breakout areas and outdoor facilities.

Most centres are using the latest version of a published reference material. A small number of centres had out of date reference materials but made use of PDF updates. A small number of centres have devised their own reference materials which were reviewed prior to use.

Many centres provided evidence of standardised learning materials including slides, lesson plans and handouts. These were robust and of a good standard. Two centres adapted their learning materials to take account of active learning needs. Some centres are making use of Resuscitation Council newsletters and other reliable sources of medical opinion to ensure they are kept up to date. Assessors at a few centres supplement the core syllabus with additional topics relevant to the specific needs and environment of learners who work in remote areas and may need to improvise.

Most centres had sufficient training equipment and additional resources to meet their needs and satisfy minimum requirements, and equipment ratios exceeded minimum requirements at some centres. A few centres were still delivering to reduced numbers of learners and would need to acquire additional manikins and/or AED trainers if the cohorts increased. A small number of centres had additional equipment for teaching management of catastrophic bleeding.

All centres have adequate or very good cleaning routines in place which take account of manufacturer and regulatory guidance. This includes replacing manikin lungs after each course and washing or sterilising manikin faces. Most centres evidenced robust systems for recording maintenance checks.

A few centres are still operating at reduced numbers. Many showed clear evidence of covid-safe practice such as risk assessments, use of health declarations, limited sharing of equipment and PPE for close contact activities. Many assessors are assigning manikins to individual learners and where this isn't possible they are providing learners with their own manikin face and/or a pocket mask. A small number of centres facilitate sharing of manikins with use of alcohol wipes for cleaning. The latest advice on first aid training delivery in relation to Covid-19 can be found at <https://faaof.org/statement-relating-to-training-during-the-pandemic/>.

Most centres conduct regular and ongoing reviews of equipment and teaching, learning and assessment materials to support first aid training delivery. This is mostly evidenced through standardisation minutes, pre-delivery checklists or internal verification records. A few centres carry out post-course reviews as part of their internal verification process, however a small number of centres did not have robust processes for completing pre-delivery checks or recording discussion around learning or assessment materials. In some cases this was because team meetings did not facilitate adequate discussion specifically around first aid training delivery. Templates are available on the [SQA First Aid Awards](#) page to support ongoing reviews of training delivery. It is also beneficial to reference pre-delivery checks within standardisation minutes.

Candidates at almost all centres were given the opportunity to feedback on key areas such as course content, training delivery, equipment and the training environment. There was limited evidence of this feedback being discussed during standardisation activity, except in a small number of centres. A very small number of centres monitored learner feedback through a written log. Templates and exemplars are available on the [SQA First Aid Awards](#) page to support candidate feedback and standardisation discussion.

In one case, there was limited evidence of the centre formally reviewing the areas required for this criterion.

Category 3: Candidate support

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

Some centres choose not to offer the 12-hour FAW revalidation qualification; of those that do most have a robust process in place for checking eligibility of learners to undertake this award. A small number of centres did not have a robust system for documenting these processes or the evidence of eligibility, especially for external candidates.

Some centres required learners to show some form of identification during course induction as part of their malpractice policy and/or eligibility checks.

More than half of centres check the physical fitness of candidates for practical assessment, particularly in relation to CPR. Some centres inform candidates of the need to be physically fit as a pre-requisite for completing the course but do require them to give confirmation. A few centres do not explicitly reference physical fitness requirements in their joining information but do attempt to gather additional support needs information via their booking process. A small number of centres made effective use of visuals within their induction checklist to facilitate understanding of the physical fitness requirements. It is good practice for centres to inform learners of the physical requirements for CPR assessment prior to the course. Exemplar joining information can be found on the [SQA First Aid Awards](#) page.

Some centres have a process for gathering information on additional support needs, including a small number with comprehensive procedures for planning and recording reasonable adjustments. A few centres informed candidates of their accessibility policy and asked about additional support needs but have no suitable method of recording any information disclosed.

A small number of centres shared examples of how they had met individual needs. This included use of support interviews, completion of individual risk assessments or learning plans for candidates, making good use of translation tools and bilingual resources to support candidates with English as an additional language, and adapting learning resources for learners with dyslexia or processing difficulties.

Candidates at a few centres are encouraged to use their manual as a working document and make notes to support learning.

The First Aid Awarding Organisation Forum (FAAOF), First Aid Quality Partnership (FAQP) and Resuscitation Council UK have issued a [joint statement](#) relating to reasonable adjustments and special considerations for regulated first aid qualifications. Exemplars and templates relating to additional support needs are available on the [SQA First Aid Awards](#) page.

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

The qualification and verification teams have agreed that this criterion is not applicable to these units given the limited nature of the units/awards. The nature of delivery does not usually involve assessment planning as it takes place on a fixed occasion with the assessor present during the course. However, this criterion was relevant to a small number of centres where candidates undertook first qualifications alongside other courses (including non-regulated first aid) over a longer period. This afforded centres the opportunity to make good use of formative assessment methods to gauge when candidates were ready to undertake the regulated Emergency First Aid Award.

Category 4: Internal assessment and verification

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

Almost all centres have robust policy documentation and processes in relation to internal assessment and verification activity which outlines a clear three-stage process. For many centres this includes a clear risk-based approach to sampling and influences trainer risk-ratings. A very small number of centres did not have internal verification and/or assessment strategies which effectively supported the assessment process or satisfied SQA requirements. Centres may wish to make use of the Assessment Strategy and Guidance documents as well as the [Internal Verification Guide for Centres](#) when reviewing their policies and procedures. This includes guidance on pre-, during- and post-course assessment activity.

Almost all centres provided clearly documented evidence of implementation of these procedures through standardisation and/or internal verification records, most also through pre-delivery checklists. In a small number of centres there is a significant delay between course completion and verification taking place. It is good practice to conduct regular and frequent verification of candidate evidence to inform the delivery and assessment process and minimise delays with candidate certification. Where centres carry out verification following certification, there is a risk of certificates being invalidated if significant issues are identified.

Most centres document good quality feedback given to assessors with any relevant actions being evidenced in the course paperwork and internal verification records. Internal verifiers in at least a few centres had annotated the candidate assessment papers. A small number of centres are making good use of a comprehensive IV checklist that covers all aspects of delivery from preparation to IV feedback. At another centre the assessor and internal verifier hold regular assessment moderation meetings where they evaluate assessment decisions and engage in professional dialogue about the assessment process. Some centres continue to provide limited feedback following internal verification. It is good practice to discuss feedback from internal verification activity during standardisation meetings. Marking moderation exercises are a reliable way to standardise assessment judgements and ensure consistency across all assessors and internal verifiers.

A very small number of centres did not demonstrate that candidate evidence had been suitably verified or that any discussion around assessment processes had taken place. In a very small number of cases evidence was submitted following the verification visit and did not evidence whether staff were suitably qualified to carry out the role of internal verifier. Internal verification processes were inconsistently applied and although some feedback was given, this was not actioned or required remediation carried out.

Templates to support the internal verification process are available in the guidance section of the [SQA First Aid Awards](#) page.

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

Almost all centres are using the latest SQA instruments of assessment and marking instructions that meet all the necessary requirements of the unit specifications and assessment strategies. This includes a few centres who changed from using centre-devised assessments mid-year, and a very small number who are using a slightly modified version of the SQA assessments. In almost all cases these have undergone pre-delivery checks as part of the centre's internal quality assurance processes.

At a very small number of centres the SQA summative assessments were digitised to make them more accessible to learners. Good use was made of old centre-devised assessments as a formative assessment tool. These were of a good standard.

A very small number of centres continue to use centre-devised instruments of assessment and marking instructions which have been prior verified by SQA; however, in one case centre-devised assessments did not cover all the necessary assessment criteria. SQA advises centres using centre-devised instruments of assessment and marking instructions to have these prior verified by SQA to ensure validity, equitability and fairness. Information about this free service is available via the following link <https://www.sqa.org.uk/sqa/74665.html>.

A very small number of centres did not present evidence of assessment materials (either SQA or centre-devised) for units HV82 04 or HV83 04.

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

All centres have malpractice/plagiarism policies and procedures in place, which in all but a very small number of cases, satisfied SQA requirements. Many centres provided evidence of how they implement these policies through candidate induction, enrolment checklists and/or course registration documents.

Almost all centres have a clear process for managing the secure storage and printing of assessment papers.

Almost all centres require candidates to sign the cover of their assessment papers as part of a declaration that the work is their own. A very small number of centres did not evidence this.

Candidates at all centres are supervised when completing assessments which provides a further level of scrutiny.

At a very small number of centres, candidates complete the first aid assessments in digitised format via a secure portal under exam conditions. Another centre made use of an independent scribe to avoid conflict of interest when a candidate required additional support to complete the written part of their assessment.

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

Almost all centres are using the latest SQA instruments of assessment and associated marking instructions which have undergone pre-delivery checks to confirm their suitability and rectify any issues. In a small number of cases, centre-devised instruments of assessment were being used and these did not fully assess all the required assessment criteria. This had not been identified during pre-delivery checks.

In almost all centres, candidate evidence sampled provided clear evidence that assessors are judging candidates' work accurately and consistently against the requirements for the units. Almost all assessors and internal verifiers demonstrated that they had a good understanding of the marking instructions and standards required, with the quality of assessing also acknowledged in internal verification feedback. Learners at a small number of centres were very well supported with clear feedback on progress given to all; this included positive feedback on achievement as well as areas for development.

Marking inconsistencies in the approach to and outcome of marking were noted at a few centres and in one case, assessors had not marked learner assessment papers or commented on achievement. Assessors are required to physically mark all questions and record practical achievement in order to provide clear feedback on attainment to learners, and evidence that the standards for assessment have been met. Where adequate marking is not taking place, this should be identified as part of the ongoing internal verification process.

A very small number of centres did not submit evidence of practical or theoretical assessment having taken place, or of it being internally verified.

Where remediation took place, this was clearly and thoroughly annotated by most assessors with verbal clarification being utilised where necessary and scribed on the learner's assessment paper. In some centres there is a vast difference in the quality of narrative being recorded, and in some cases, between some assessors within these centres. It is good practice for assessors to record any additional questions asked and the learner response. This can be written alongside the question or in the summary box at the end of the paper. Where learner responses don't meet the standards required of the unit remediation must take place. This may be following the course and should be done by telephone or video chat to protect the integrity of the assessment. Internal verification processes should identify where remediation is needed but has not taken place.

A small number of centres are making use of active learning opportunities and formative assessment methods to gauge when learners are ready for formal assessment.

It is good practice for assessors and internal verifiers to discuss and moderate assessment decisions during standardisation activity, agreeing minimum acceptable responses. Standardised marking methods and remediation strategies are also helpful. This should ensure consistency and enable consensus on minimum standards of attainment. A very small number of centres record learner achievement against each criterion on a question matrix. This allows tracking of questions pose a particular challenge in order to adapt teaching and learning strategies accordingly.

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

Almost all centres are retaining candidate evidence in line with SQA requirements for the purposes of internal and external verification, with many centres exceeding the minimum requirement of 12 months for regulated qualifications. A very small number of centres did not submit candidate evidence for external verification.

Most centres clearly documented this in their policies which substantiated their retention procedures; however, there was some confusion in a few centres about the retention period for regulated qualifications. This was documented incorrectly, although evidence had been retained for the external verification visit. A small number of centres are opting to transfer assessment evidence to secure electronic format after internal verification rather than keep hard copy data, and in a few cases are using a fully digitised version of the assessments. A few centres actively made candidates aware of their retention policy during the induction process.

First aid qualifications are not 'self-regulated' and come under regulated qualifications. The correct retention period for first aid evidence is 12 months (or until external verification if beyond this period) as exemplified on the following SQA document: https://www.sqa.org.uk/sqa/files_ccc/Retention_of_candidate_assessment_records_table.pdf under 'SVQs and other SQA accredited qualifications'.

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

Almost all centres are disseminating feedback from external verifiers to assessors and internal verifiers during standardisation activity, with at least two centres having feedback as a regular standing item on the meeting agenda. For the most part, minutes of meetings record actions taken in response to recommendations and/or requirements of the external verification report, providing good evidence that they meet this criterion well and are using external verification as a tool to evaluate practice.

More than half of centres also have clearly documented policies and procedures detailing the mechanism for discussing the outcome of verification visits and responsible parties. A few centres did not have records of dissemination of feedback; however, it was evident from the external verification activity that feedback was being discussed with centre staff.

Feedback from verification visits should be discussed during standardisation activity. This is especially important in the case of required actions or recommendations in order to inform assessment and delivery practice. EV reports must be shared with all relevant staff — this may be via email or through use of a shared drive. It is also good practice to document processes for disseminating feedback from external verification visits within the centre's quality assurance policies. A standardisation meeting agenda/minutes template is available in the guidance section of the [SQA First Aid Awards](#) page.

Areas of good practice reported by qualification verifiers

The following good practice was reported during session 2021–22:

- ◆ Almost all staff were well-qualified and experienced for their role.
- ◆ Most staff hold regulated FAW certificates.
- ◆ Some staff delivering paediatric first aid awards hold additional paediatric first aid qualifications.
- ◆ Trainers and assessors were supported through good quality feedback.
- ◆ Centres are managing covid-safe training well; most are limiting the sharing of equipment, and all have implemented enhanced cleaning routines.
- ◆ Candidate feedback is regularly reviewed by some centres during standardisation discussion.
- ◆ All centres are issuing a published course manual and/or handouts to enhance support for learners.
- ◆ Use of visuals to support understanding of course induction materials.
- ◆ Some centres are meeting individual needs well.
- ◆ A few centres are actively encouraging learners to revalidate by completing the full 3-day FAW course.
- ◆ Most internal verification strategies include a clear three-stage process and risk-based sampling strategy.
- ◆ Using a pre-delivery or IV checklist to support standardisation discussion.
- ◆ A few centres make good use of formative assessment tools.
- ◆ Use of digitised assessments.
- ◆ Prior verification of centre-devised assessments.
- ◆ Use of candidate induction/enrolment checklists.
- ◆ Assessment moderation is taking place in a few centres.

Specific areas for development

The following areas for development were reported during session 2021–22:

- ◆ Recording of continuing professional development could be more robust to ensure the occupational requirements and standards of the role are fully met.

- ◆ Candidates should be informed prior to the course of the physical fitness requirements for CPR assessment.
- ◆ Centres should have a robust system in place for recording reasonable adjustments and checking eligibility for FAW revalidation courses.
- ◆ Internal verification activity should take place regularly rather than be end-loaded.
- ◆ Approaches to remediation could be more consistent and thorough across all assessors and include annotation of the assessor question and learner response.