



Provider Monitoring Report

Scottish Qualifications Authority (SQA)

26 June 2023 to 04 September 2023

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1 Background

Five providers were remotely monitored between 26 June 2023 and 04 September 2023.

1.1 Scope

SQA Accreditation carries out quality assurance activity in line with its *Quality Assurance of Approved Awarding Bodies Policy*. This involves monitoring a sample of the awarding body's approved providers or assessment sites. Provider monitoring visits will be conducted in a consistent manner within and between providers.

The aim of monitoring is to:

- ◆ ensure the awarding body's compliance with SQA Accreditation's regulatory requirements
- ◆ 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 providers
- ◆ ensure that providers are receiving the appropriate guidance, support and documentation from the awarding body in order to facilitate a high standard of qualification delivery
- ◆ inform future audit and monitoring activity for the awarding body

All Principles may be included within the scope of the provider monitoring activity.

Awarding body documentation considered for review includes all documents banked on the awarding body's SharePoint Place at the time of provider monitoring and information supplied by providers to support provider monitoring activity. Restricted or commercially sensitive information gathered during SQA Accreditation's quality assurance activities is treated in the strictest confidence.

SQA Accreditation provider monitoring reports are written by exception focusing only on those areas where corrective action is required or recommended.

1.2 Provider Monitoring Report Timescales

SQA provider monitoring dates: 26 June 2023 to 04 September 2023

Provider Monitoring Report approved by Accreditation Co-ordination Group on: 18 October 2023

Provider Monitoring Report to be signed by SQA: 29 November 2023

Action Plan to be emailed to regulation@sqa.org.uk by SQA 29 November 2023

The process will apply in relation to the timescales specified above:

- ◆ The awarding body will be sent a copy of the Provider Monitoring Report by email.
- ◆ The awarding body must sign the copy of the Provider Monitoring Report and return by email to SQA Accreditation in accordance with the timescale specified above.
- ◆ The awarding body will also be emailed a copy of the Action Plan.
- ◆ The awarding body must complete and return the Action Plan in accordance with the timescale specified above and email this in Microsoft Word format to regulation@sqa.org.uk.
- ◆ SQA Accreditation will confirm when the Action Plan is appropriate to address the Issues and present it to Accreditation Co-ordination Group (ACG) for approval.
- ◆ Following approval by ACG, the awarding body will be sent a signed copy of the approved Action Plan by email.
- ◆ The awarding body must sign the Action Plan and return by email to SQA Accreditation.

The findings of this Provider Monitoring Report and the associated Action Plan will be published on SQA Accreditation's website following signed agreement.

SQA Accreditation will continually monitor progress towards completion of the proposed actions identified in the Action Plan and update the awarding body's Quality Enhancement Rating as appropriate.

1.3 Summary of Provider Monitoring Issues and Recommendations

An Issue has been recorded where evidence shows that the awarding body is not compliant with SQA Accreditation's regulatory requirements. The awarding body must address the Issues and specify corrective and preventative measures to address them through its Action Plan.

The Action Plan is emailed to SQA as a separate document to the Provider Monitoring Report and must be submitted to SQA Accreditation in accordance with the timescale specified in 1.2.

As a result of the provider monitoring activity, three Issues have been recorded and one Recommendations has been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 13	Provider 5 has no documented evidence of how Internal Verification is tracked or monitored.	Low
2. Principle 14	Provider 2 has no policy or procedure detailing how it deals with Accreditation of Prior Learning (APL).	Low
3. Principle 15	Provider 4 sends candidate certificates to the candidates' employer rather than directly to candidates.	Medium

A Recommendation has been noted where SQA Accreditation considers there is potential for enhancement. The awarding body is advised to address any Recommendations in order to reinforce ongoing continuous improvement. However, measures to correct or prevent these are not mandatory and therefore do not form part of the Action Plan.

Recommendation	Detail of Recommendation noted
1. Principle 15	SQA may wish to monitor when providers result SVQ candidates within a 10-week period and put a process in place to follow up on these when externally verifying the providers.

1.4 Risk Rating of Issues

SQA Accreditation assigns a rating to each Issue recorded depending on the impact on or risk to the awarding body's operations, its SQA accredited qualifications and/or the learner.

Issues recorded during provider monitoring will count towards SQA's Quality Enhancement Rating which will, in turn, contribute towards future quality assurance activity. Further detail on how the Quality Enhancement Rating is calculated can be found on the [SQA Accreditation website](#).

2 Good Practice, Issues and Recommendations

The following sections detail:

- ◆ good practice noted by providers
- ◆ Issues recorded and Recommendations noted against SQA Accreditation's regulatory requirements

2.1 Good Practice

The following areas of good practice were noted by providers:

All of the providers noted that SQA's systems verification and external verification team are very knowledgeable and supportive.

2.2 Issues

Regulatory Principle 13. The awarding body and its providers must ensure that they have systems and processes which ensure the effective quality assurance of accredited qualifications.

The Accreditation Auditor noted that Provider 5's internal verifier verifies 10% of candidate portfolios when assessed by long-standing assessors, and verifies 100% of portfolios for new assessors. However, the provider has no documented evidence of how this is tracked or monitored and therefore could not provide evidence that this is the case.

SQA's *Qualification Verification Criteria: Guidance for Centres March 2019* states: 'Criterion 4.2 Internal assessment and verification procedures must be implemented to ensure standardisation of assessment.'

SQA must ensure that its providers not only verify their assessors' work, but also have a process to ensure that this is monitored.

This has been recorded as **Issue 1**.

Regulatory Principle 14. The awarding body and its providers must ensure that its qualifications and their delivery and assessment are fair, inclusive and accessible to learners.

The Accreditation Auditor noted that Provider 2 has no policy or procedure detailing how it deals with APL. The provider claimed this is dealt with on a case-by-case basis, but had no process to show evidence of how this is carried out.

SQA's policy, *Recognition of Prior Learning, v1.2, March 2022* states: 'Governing Principle 1: SQA will ensure that all processes for the development of qualifications, assessments and the maintenance of standards are as open and transparent as possible.' And 'Assessment of prior learning is subject to the same quality assurance as standard assessment by both centres and SQA.'

SQA must ensure that its providers have documented processes for APL so that there is evidence that shows that the assessment standards are maintained.

This has been recorded as **Issue 2**

Regulatory Principle 15. The awarding body must have effective, reliable and secure systems for the registration and certification of learners.

The Accreditation Auditor noted that Provider 4 has candidate certificates sent to them. Received copies are retained by the provider and the original certificates are sent to the employer rather than the candidate.

SQA's *Systems Verification Criteria: Guidance for Centres, February 2019* states: 'Candidates' home addresses must be used, other than in reasonable circumstances (eg if the candidate does not have a home address). If the centre changes the address to receive the certificates, they should reinstate the candidates' home addresses immediately upon receipt of the certificates. The centre must have a documented procedure for the reinstatement of candidate' home addresses (if applicable).'

SQA must ensure that candidates are at least given the option to receive their original certificates so that candidates who complete accredited qualifications have evidence of their achievements, rather than giving these to employers with no guarantee that they will be passed on to the candidates.

This has been recorded as **Issue 3**.

2.3 Recommendations

Regulatory Principle 15. The awarding body must have effective, reliable and secure systems for the registration and certification of learners.

Provider 3 informed the Accreditation Auditor that it has registered and resulted SVQ candidates within a ten-week period and was unaware of any issues with this as SQA has a system in place to stop certificates been sent within this period.

SQA's Quality Assurance — additional specific requirements relating to qualifications subject to regulation by SQA Accreditation or Ofqual, states: '6.3 Roles and responsibilities of data management staff. Requirement to comply with the "10-week rule" — SVQ Awards and units, workplace Core Skills units and assessor and verifier units cannot be certificated within 10 weeks of the entry date of the qualification.'

While SVQ candidates have not been certificated within 10 weeks of being registered for the qualification in this case, SQA may wish to monitor these occurrences and put a process in place to follow up on these when externally verifying the provider(s) who result so quickly after registration to ensure the assessment process is robust.

This has been recorded as **Recommendation 1**

3 Acceptance of Provider Monitoring Findings

