



Audit Report

Mineral Products Qualifications Council (MPQC)

2 March 2017

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1 Background

This was the fifteenth audit of the Mineral Products Qualification Council (MPQC) since it was approved as an awarding body by SQA Accreditation in 1994.

MPQC is a sector-specific awarding body for the extractives (quarrying and mining), mineral products and related manufacturing industries. The awarding body is a not-for-profit organisation managed by the sector. MPQC's headquarters are in Eastwood, Nottingham.

1.1 Scope

SQA Accreditation carries out quality assurance activity in line with its *Quality Assurance of Approved Awarding Bodies* policy. This states the type and frequency of our quality assurance activities, describes our reporting procedures and indicates how the awarding body's Quality Enhancement Rating is calculated.

As this was a full audit of MPQC, all regulatory requirements were included within the scope of the audit. Our quality assurance activities are conducted on a sampling basis and, consequently, not all aspects of the awarding body's systems, procedures and performance have been considered in this report to the same depth.

SQA Accreditation audit reports are written by exception, focusing only on those areas where corrective action is required or recommended. Consequently, this approach to audit reporting does not detail areas where compliance or good practice was found. The audit was designed to ensure MPQC complies with SQA Accreditation's regulatory requirements namely:

- ◆ *SQA Accreditation's Regulatory Principles (2014)*
- ◆ *all Regulatory Principles Directives*
- ◆ the awarding body's Accreditation Licence

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

1.2 Audit Report and Action Plan Timescales

MPQC audit date:	2 March 2017
Audit Report approved by Accreditation Co-ordination Group on:	26 April 2017
Audit Report to be signed by MPQC:	8 June 2017
Action Plan to be e-mailed to regulation@sqa.org.uk by MPQC:	8 June 2017
The process will apply in relation to the timescales specified above:	

- ◆ The awarding body will be sent two signed copies of the Audit Report by post.
- ◆ The awarding body must sign both copies of the Audit Report and return one by post to SQA Accreditation in accordance with the timescale specified above.
- ◆ The awarding body will also be e-mailed a copy of the Audit Report (for information only) and an electronic copy of the Action Plan.
- ◆ The awarding body must complete and return the Action Plan in accordance with the timescale specified above and e-mail 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 two signed copies of the approved Action Plan by post.
- ◆ The awarding body must sign both copies of the Action Plan and return one by post to SQA Accreditation.

The findings of this Audit 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 Audit 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 e-mailed to MPQC as a separate document to the Audit Report, and must be submitted to SQA Accreditation in accordance with the timescale specified in 1.2.

As a result of the audit and post-audit activities, three Issues have been recorded and eight Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principles 1, 5 and 15	<p>A review of awarding body documentation, indicated the use of a range of different names/titles for the organisation, including MPQC, MPQC Awarding Organisation, MPQC Qualifications and most recently MP Awards.</p> <p>This inconsistency of approach can be seen to carry through to the qualification certificates, with candidates registering to undertake qualification via MP Awards but being certificated by MPQC.</p> <p>There appeared to be no evidence of a formal notification to SQA Accreditation of the awarding body's intention to trade under a different name, including relevant timescales for implementation and any transition plan for the review and rebranding of documentation and certification.</p>	Medium
2. Principles 5 and 15	<p>A review of awarding body documentation has highlighted the fact that there is a misrepresentation of the role of the Scottish Credit and Qualification Framework (SCQF) through the identification of SCQF as a qualification type.</p> <p>The erroneous identification has carried through to certification, where it is recorded within the current awarding body certificate template.</p>	Low
3. Principle 10	MPQC's current guidance on the application of timescales around the removal of approved centre status and Assessor de-approval, as outlined in the <i>Centre Manual, v18, October</i>	Low

	2016, does not formally provide a means to flexibly support business need.	
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A Recommendation has been noted where SQA Accreditation considers there is potential for improvement. The awarding body is advised to address any Recommendations noted as good practice. 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 5	MPQC may wish to correct minor typographical errors within the SVQ promotional flyer for 2017 at the earliest opportunity.
2. Principle 5	MPQC may wish to review the information contained in the <i>Portfolio of Qualifications, v1 01/01/17</i> , to ensure that it fully reflects the correct accreditation dates.
3. Principle 6 and RPDIR - 3	MPQC may wish to review the <i>Centre Manual, v18, October 2016</i> , to ensure that no compliance issues arise at provider level as a consequence of inappropriate use of the logos detailed within SQA Accreditation's <i>Regulatory Principles Directive RPDIR – 3 Logos and certificate requirements for SQA accredited qualifications (October 2016)</i> .
4. Principle 9	MPQC may wish to consider liaising with the relevant Accreditation Manager(s) within SQA Accreditation in respect of appropriate parts of the 2016–17 work plan. This will ensure that the qualification review, where appropriate, considers the potential impact on SQA-accredited provision, as well as seeking advice in respect of any tailored qualifications devised for various sub-sectors to determine if they would be appropriate for accreditation and delivery in Scotland.
5. Principle 12 & 13	Whilst the awarding body's guidance, policy and procedures in respect of complaints and appeals has captured much of SQA Accreditation's regulatory requirement, MPQC may wish to consider a further review to ensure a consistency of message that supports stakeholders.
6. Principle 14	MPQC may wish to review its policy to ensure that it fully meets SQA Accreditation's requirements in respect of the awarding body 'informing SQA Accreditation when cases, or suspected cases, of malpractice and/or maladministration are discovered' as noted within the Supplementary Information to Regulatory Principle 14.
7. Principle 15	MPQC may wish make a copy of an exemplar unit certificate available on SharePoint.
8. Principle 15	MPQC may wish to consider reviewing the appropriate sections of the centre manual to ensure that there is no misinterpretation of its position regarding the 'shelf life' of registrations, mitigating

	the potential for any detrimental impact upon a candidate's opportunity to complete a qualification.
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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 the audit will count towards MPQC'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 Detail of Audit Issues and Recommendations

The following sections detail Issues recorded and Recommendations noted against SQA Accreditation's regulatory requirements.

2.1 Issues

Regulatory Principle 1. The awarding body shall have clearly defined and effective governance arrangements.

Regulatory Principle 5. The awarding body shall provide clear information on its procedures, products and services and ensure that they are accurate and appropriate to SQA accredited qualifications.

And

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

SQA Accreditation holds an Accreditation Licence, signed and dated 22 May 2014, identifying the awarding body by its legally registered company name of the Mineral Products Qualifications Council (MPQC).

As part of the audit, a review of awarding body documentation, including policies and procedures, indicated the use of a range of different names/titles for the organisation including MPQC, MPQC Awarding Organisation, MPQC Qualifications and, most recently, MP Awards. The latter name was used on recent accreditation submissions and on letterheads, compliment slips and in e-mail addresses.

The audit team found it difficult to be clear on the current standing of the organisation and whether there had been a further change in governance arrangements from those presented to SQA Accreditation for approval in November 2012, or whether this was simply a question of rebranding with a different trading name.

During the audit itself, awarding body representatives highlighted the fact that the legal entity remained MPQC, but that a programme of reviewing and rebranding the respective arms of the Council had taken place to demonstrate strong governance with no conflicts of interest. This has resulted in the awarding arm trading under the name of MP Awards, which has been warmly received by the various sectors in which the awarding body operates.

Following the audit, MPQC's representative provided the audit team with further documentation that highlighted the business and structural changes undertaken by the organisation since 2008, and provided the audit team with assurances that there had no major changes to the governance arrangements beyond those already highlighted to the qualification regulator.

However, nowhere within the documentation provided was there evidence of a formal notification to SQA Accreditation of the awarding body's intention to trade under the name of MP Awards, including relevant timescales for implementation and any transition plan for the review and rebranding of policies, guidance documentation and certification.

Whilst we accept the argument that the relevant sectors have valued the rebranding process, there arguably remains a degree of inconsistency of approach and potential for confusion because of the range of names/titles used for the organisation within the various sources of information.

The audit team appreciates that the intention is to embed the MP Awards brand over time, but feels that this objective may be hampered by the decision to continue to use the registered name of MPQC in a range of circumstances. This inconsistency can be seen to carry through to the qualification certificates. In essence, the candidate appears to be undertaking a qualification via MP Awards but is certificated by MPQC. There appears to be no rationale for such an approach and SQA Accreditation considers it to be inconsistent with the rebranding that has already taken place.

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

Regulatory Principle 5. The awarding body shall provide clear information on its procedures, products and services and ensure that they are accurate and appropriate to SQA accredited qualifications.

And

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

A review of awarding body documentation has highlighted the fact that there is a misrepresentation of the role of the Scottish Credit and Qualification Framework (SCQF) through the identification of SCQF as a qualification type. The SCQF remains an overarching framework which promotes lifelong learning in Scotland and encompasses all types of learning subject to being SCQF credit rated.

Types of qualifications accredited by SQA Accreditation remain as either SVQs, Regulatory or Other. All of these types can be credit rated and placed on the SCQF.

The erroneous identification of SCQF qualifications as a type has carried through to certification where it is recorded within the current awarding body certificate template.

This has been recorded as **Issue 2**.

Regulatory Principle 10. The awarding body shall ensure that it has the necessary arrangements and resources for the effective delivery, assessment and quality assurance of SQA accredited qualifications.

A review of MPQC's list of approved centres highlighted that one particular centre had not provided a candidate registration or certification over a two-year period. Current awarding body guidance as specified in the *Centre Manual, v18, October 2016*, states that 'if an Approved Centre is non-active, i.e. there are no registrations or certifications for any of its qualification provision for a period of two years or more, centre approval will automatically lapse'.

Discussions took place around why this had not occurred as per the published guidance, with awarding body representatives noting that the centre in question had been in regular dialogue indicating that it valued retention of approved centre status and was working hard to generate interest in SVQs and secure candidates. The awarding body had been supportive of the centre's activities, going so far as visiting the centre's three assessment locations to liaise with staff and members of the assessment team.

The last point was particularly important as the *Centre Manual, v18, October 2016*, also notes that 'any approved Assessor who has not been able to provide evidence of having conducted any assessment activity within an 18 month period would be automatically suspended from MP Awards' register of Approved Centre Staff and would be required to reapply and further charges would be applied'.

Awarding body representatives indicated that this automatic suspension had not taken place, again as a consequence of the ongoing dialogue with the centre, but also as a result of the potential for candidate registrations in April 2017. The awarding body considered this to be an example of positive support for its approved centre through a flexible approach to the application of policy, thereby increasing the chances of uptake for the SVQs in question.

The audit team are fully supportive of the approach taken by MPQC in respect of this approved centre and concur that this is an example of good practice. However, it was noted that the current guidance outlined in the *Centre Manual, v18, October 2016*, does not formally provide such flexibility to support business need.

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

2.2 Recommendations

Regulatory Principle 5. The awarding body shall provide clear information on its procedures, products and services and ensure that they are accurate and appropriate to SQA accredited qualifications.

The awarding body has produced a promotional flyer for 2017 in respect of SVQs. It was noted that the document contained a small number of typographical errors in the overall heading and specific information provided for one accredited qualification.

Although the use of such promotional material is a positive step in the marketing of SVQ provision, the awarding body may wish to correct the minor errors within the promotional flyer at the earliest opportunity.

This has been noted as **Recommendation 1**.

The audit team also noted that within the awarding body's *Portfolio of Qualifications, v1 01/01/17*, a number of qualifications were provided with start dates that differed from those provided at the point of accreditation. The document also appeared to lack information regarding qualification withdrawals that occurred in September 2016.

As all the qualifications affected had been accredited for some time, it would appear that there may be little immediate impact of the incorrect dates on stakeholders.

However, as the *Centre Manual, v18, October 2016*, identifies this document as a key source of information for centres on the accreditation period of SQA provision, the awarding body may wish to review the information contained within the *Portfolio of Qualifications, v1 01/01/17*, to ensure that it remains both accurate and current.

This has been noted as **Recommendation 2**.

Regulatory Principle 6. The awarding body and its providers shall maintain accurate documents, records and data.

And

Regulatory Principles Directive RPDIR – 3 Logos and certificate requirements for SQA accredited qualifications

A review of the awarding body's *Centre Manual, v18, October 2016*, noted the following clause in respect of the use of logos:

Generally the use of Regulatory Bodies' logos is not permissible by Approved Centres. However, where it is permissible you must only use the Regulatory Bodies' logos for the purposes permitted by the Regulatory Bodies and you must ensure that any such use complies with the logo requirements and branding guidelines published by the Regulatory Bodies which can be revised from time to time.

MPQC should note that such a position is not consistent with SQA Accreditation's guidance as stated within *Regulatory Principles Directive RPDIR – 3 Logos and certificate requirements for SQA accredited qualifications, October 2016*, which notes that:

Awarding bodies should also note that approved providers are not permitted to use any of the range of logos, for example logos should not be used on provider websites or provider documentation.

The audit team saw no evidence that the awarding body's approved centres are using the logos identified within RPDIR – 3 inappropriately. Nonetheless, the awarding body may wish to review the contents of the relevant clause within *Centre Manual, v18, October 2016*, at the earliest opportunity to ensure that no compliance issues arise at provider level.

This has been noted as **Recommendation 3**.

Regulatory Principle 9. The awarding body shall ensure that it has robust systems and processes for the identification, design, development, implementation and review of qualifications, which meet the needs of users.

A review of the awarding body's *Strategic Business plan 2016 -2019* and *Operational Plan 2016*, noted the existence of a 'work plan' for qualification development. However, no work plan for 2016–17 was available via SharePoint.

However, discussions on the day of the audit highlighted that the awarding body has a comprehensive and detailed work plan for the period in question. This has been split into three 'phases' covering the production of total qualification time (TQT) for Ofqual-recognised provision, as well as an overarching review of existing regulated qualifications delivered throughout the UK. This may include the production of tailored qualifications for sub-sectors within the awarding body's footprint.

Therefore, MPQC may wish to consider liaising with the relevant Accreditation Manager(s) within SQA Accreditation in respect of appropriate parts of the current work plan. This will ensure that the qualification review, where appropriate, considers the potential impact on SQA accredited provision, as well as seeking advice in respect of any tailored qualifications devised for various sub-sectors to determine if they would be appropriate for accreditation and delivery in Scotland.

This has been noted as **Recommendation 4**.

Regulatory Principle 12. The awarding body and its providers shall have open and transparent systems to manage complaints.

And

Regulatory Principle 13. The awarding body and its providers shall have clear, fair and equitable procedures to manage appeals.

The audit team reviewed an e-shot to SVQ centres, dated June 2014, which provided centres information on the role of the Scottish Public Service Ombudsman (SPSO) in complaints handling.

The e-shot notes that MPQC has updated a range of documentation on complaints and appeals to reflect the revised role of SQA Accreditation around the handling of both, as well as the potential of the SPSO to be the final arbiter for complaints. However, the e-shot is not clear in noting that the role played by the SPSO only impacts on public sector providers.

The e-shot identified a range of documentation in which the changes have been made, including the Candidate Pack, Centre Manual and respective complaints and appeals policies and procedures. A review of current iterations of some of this documentation highlights similar inconsistencies.

For example, both the *Centre Manual, v18, October 2016*, and the *Appeals Procedures against MP Award's decisions for Centres & Learners, v7, December 2016* reflect the position outlined within the e-shot, providing a link to SQA Accreditation's *Regulatory Principles Directive RPDIR - 5 Complaints handling*, but again did not provide sufficient distinction between private and public sector providers when referencing the role of the SPSO.

The awarding body's *Complaints Policy and Procedure, v6, February 2016*, appears to show a more pragmatic approach in capturing the nuances of the SPSO's role in complaints handling by quoting directly from both the *Regulatory Principles Directive RPDIR - 5*

Complaints handling and the SPSO's *Further Education Model Complaints Handling Procedure*. By using text from RPDIR-5, the awarding body has clearly made the link between the SPSO and users of public bodies in Scotland, incorporating part of the footnote from the relevant directive which defines public bodies as a separate footnote to its own policy and procedure. However, in its choice of text from the *Further Education Model Complaints Handling Procedure*, the awarding body has referred only to FE colleges as it outlines what the SPSO considers to be a complaint.

Therefore, whilst acknowledging that the awarding body's guidance, policy and procedures in respect of complaints and appeals has captured much of SQA Accreditation's regulatory requirements, it may wish to consider a further review to ensure a consistency of message that supports stakeholders.

This has been noted as **Recommendation 5**.

Regulatory Principle 14. The awarding body and its providers shall ensure that it has safeguards to prevent and manage cases of malpractice and maladministration.

The current *Malpractice/Maladministration Policy, v8, June 2016* states that the awarding body, 'where any maladministration and/or malpractice is suspected, will in the first instance conduct its own initial enquiries to establish whether the case merits further investigation'. Only if a further investigation is required will 'is action be notified in writing to the relevant regulatory body'.

MPQC may wish to review its policy to ensure that it fully meets SQA Accreditation's requirements in respect of the awarding body 'informing 'SQA Accreditation when cases, or suspected cases, of malpractice and/or maladministration are discovered' as noted within the Supplementary Information to Regulatory Principle 14.

This has been noted as **Recommendation 6**.

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

The audit team was unable to see evidence of an exemplar Unit certificate within SharePoint. Whilst we accept that requests for unit certification are not a common occurrence, the awarding body may wish to ensure that an exemplar is available and present on SharePoint. This will ensure that it meets the requirements of *Regulatory Principle Directive RPDIR – 3 Logos and certificate requirements for SQA accredited qualifications, October 2016*.

This has been noted as **Recommendation 7**.

The current *Centre Manual, v18, October 2016*, provides general guidance for approved centres on how to use its online system to register candidates for qualifications and claim certificates. It highlights the need for centre personnel 'to be aware of both the registration end date and the certification end date for any qualifications'. The document goes on to note that qualifications have a 'shelf life' and directs centre staff to other sources of information,

principally the *Portfolio of Qualifications, v1 01/01/17*, that provides details of the relevant dates.

However, in the same section of the centre manual, whilst noting that the existing IT platform is being replaced with the Parnassus Awarding Body Management System, MPQC states that 'candidate registrations will be subject to a shelf life when registering onto the Parnassus IT system when this is introduced in 2017', going on to provide timescales linked to the perceived maximum period between candidate registration and certification.

The timescales are noted as 18, 24 and 36 months for qualifications at SCQF levels 4 and 5, levels 6 to 9, and levels 10 to 12 respectively.

The audit team considered the different contexts in which the phrase 'shelf life' is used to be potentially confusing, and were concerned that the latter definition indicated that candidate registrations were being withdrawn should there be a failure to achieve within the above timescales.

Awarding body representatives provided assurances that this was not the case, emphasising the indicative nature of the timescales and stating that the purpose of the phrase 'shelf life' is to ensure that centre's effectively time manage candidate registrations by monitoring the level of activity and progression towards completion, as well as the removal of candidates from the system who may already have been withdrawn or have indicated that they no longer wish to continue with a qualification. There is no removal of learners by either MPQC or its approved centres based upon the documented timescales.

Whilst accepting such assurances, the audit team felt that the rationale outlined by the awarding body representatives during the audit was not fully detailed within the *Centre Manual, v18, October 2016*. Therefore, the awarding body may wish to consider reviewing the appropriate sections of the centre manual to ensure that there is no misinterpretation of its position regarding the 'shelf life' of registrations, mitigating the potential for any detrimental impact upon a candidate's opportunity to complete a qualification.

This has been noted as **Recommendation 8**.

3 Acceptance of Audit Findings

For and on behalf of MPQC:

For and on behalf of SQA Accreditation:

Print name

Print name

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Scott Markwick

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Signature

Signature

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Designation

Designation

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Senior Regulation Manager

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Date

Date

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05 May 2017

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