



Audit Report

Mineral Products Qualifications Council (MPQC)

7 November 2019

Contents

1 Background	1
1.1 Scope	1
1.2 Audit Report and Action Plan Timescales	2
1.3 Summary of Audit Issues and Recommendations	3
1.4 Risk Rating of Issues	6
2 Detail of Audit Issues and Recommendations	7
2.1 Issues	7
2.2 Recommendations	8
3 Acceptance of Audit Findings	1242

1 Background

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

Operating under the brand of MP Awards, MPQC was established to provide qualifications for the extractives (quarrying and mining), mineral products and related manufacturing industries. The awarding body is based in Eastwood, Nottingham.

It also offers a range of accreditation services in addition to administering and managing the MPQC Plant Operator Competency Scheme, MPQC Blasting Operator Competency Scheme and undertaking a quality assurance role in the MPQC/SPA Contractor Safety Passport Scheme.

Owned and governed by the industry, it is a 'not for profit' organisation, led by a board of senior directors from major companies and trade associations.

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:	7 November 2019
Audit Report approved by Accreditation Co-ordination Group on:	4 December 2019
Audit Report to be signed by MPQC:	28 January 2020
Action Plan to be emailed to regulation@sqa.org.uk by MPQC:	28 January 2020

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 emailed 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 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 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 emailed 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, two Issues have been recorded and six Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 14	The awarding body's <i>Whistleblowing Policy, PP0008, v.8 April 2018</i> , inaccurately describes SQA Accreditation as a prescribed regulator and makes reference to a regulatory whistleblowing policy which does not exist.	Low
2. Principle 14	A review of the awarding body's <i>Maladministration and Malpractice Policy, PP0004, v.10 April 2018</i> , does not adequately reflect SQA Accreditation's requirement that instances of actual or suspected maladministration and/or malpractice are reported to the qualification regulator when discovered.	Low

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 3	<p>As a result of operational changes, the awarding body may wish to ensure that the <i>MPQC-Parnassus Disaster Recovery, Issue 1, 03/10/2013</i>, and <i>MPQC Disaster Recovery GDPR Compliance Information Document</i> remain current and fit for purpose.</p> <p>The awarding body may also wish to consider providing a broader context for this data recovery/protection activity through the provision of a full range of disaster recovery and business continuity actions that can be initiated in the event of a major disruption to business operations.</p>
2. Principle 4	<p>Although, the overall approach taken to actual management of risk was robust, the awarding body may wish to consider the inclusion of the pre-mitigation risk score as a means of clearly demonstrating the value of any proposed/actual controls or mitigating actions.</p>
3. Principles 5 and 6	<p>The awarding body may wish to ensure that all references to the data protection legislation are updated to reflect the Data Protection Act 2018 where appropriate.</p> <p>The awarding body may also wish to update the policies and procedures held on SharePoint to ensure that they are current and appropriate to SQA accredited provision.</p>
4. Principle 10	<p>The awarding body may wish to ensure that consideration is given to the inclusion of SQA provision in the assessment monitoring process where appropriate.</p>
5. Principle 10 and 15	<p>The awarding body may wish to ensure that the operational handbook for Nexus provides a detailed explanation of how Direct Claim Status (DCS) is granted to approved centres, for both specific qualifications and specific assessment staff, and then reviewed by external quality assurance staff.</p> <p>The awarding body may also wish to review the <i>Centre Manual, v.19 May 2017</i>, to ensure that it fully reflects the changes to the DCS approval process as noted within Nexus.</p>
6. Principle 11	<p>The awarding body may wish to review its <i>Reasonable Adjustments & Special Considerations Policy, PP0005, v.12 April 2018</i>, to ensure clarity of understanding around reasonable</p>

	adjustments that can be implemented at the discretion of approved centre and those that require permission from the awarding body.
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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 14. The awarding body and its providers shall ensure that it has safeguards to prevent and manage cases of malpractice and maladministration.

The awarding body's *Whistleblowing Policy, PP0008, v.8 April 2018*, identifies SQA Accreditation as a prescribed regulator 'relating to matters concerning regulated qualification delivery'.

The key functions of accreditation and regulation are determined by the Education (Scotland) Act 1996, and it is not clear from the awarding body's policy what it means specifically by 'matters concerning regulated qualification delivery'.

Although governed by legislation, SQA Accreditation does not describe itself as a prescribed regulator and, in the context of whistleblowing, is not listed as such for the purposes of education by either the Scottish or United Kingdom (UK) governments.

The policy also states that the 'Regulators publish their own Whistleblowing Policies'. Whilst true of both Ofqual and Qualification Wales, this is again inaccurate in respect of SQA Accreditation.

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

A review of the awarding body's *Maladministration and Malpractice Policy, PP0004, v.10 April 2018*, does not reflect SQA Accreditation's requirement that instances of actual or suspected maladministration and/or malpractice are reported to the qualification regulator when discovered, as stated in the supplementary information to Regulatory Principle 13.

SQA Accreditation's *Regulatory Principles Guidance Note – Principle 14, Reporting and Managing Cases of Malpractice and Maladministration, 1 June 2017*, also notes that in instances of malpractice and/or maladministration, awarding bodies 'must notify their assigned Regulation Manager', with the notification taking place 'at the earliest opportunity'.

The policy is not consistent with the awarding body's *Guidance for Centres Maladministration & Malpractice, GD0017, v1 October 2017*, which notes that all 'actual, or suspected, cases of maladministration/malpractice must be reported promptly and without delay to MP Awards as all awarding organisations are required to report such cases to the relevant Regulatory Body/ies'.

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

2.2 Recommendations

Regulatory Principle 3. The awarding body shall have clearly defined business planning processes which show evidence of management commitment, decision making and ongoing review.

In respect of disaster recovery and business continuity, the audit team were able to review two documents titled *MPQC-Parnassus Disaster Recovery, Issue 1, 03/10/2013*, and *MPQC Disaster Recovery GDPR Compliance Information Document*. Both documents are specifically focused on data recovery, and have been produced by external partners.

The awarding body may wish to review the currency of the former document to reflect the fact that Parnassus is no longer the information management system/IT platform, having been replaced by an internally devised system called Nexus. It may also wish to update the named contact for disaster recovery activities given the change of General Manager at the awarding body which took place in mid-2019.

As the latter document relates to GDPR compliance of data storage and general cyber security, both in on-site and off-site terms, it is likely that it remains current even with the launch of Nexus, but the awarding body may wish to ensure that this is the case.

Lastly, whilst acknowledging the specific data recovery/protection focus of both documents, the awarding body may wish to consider providing a broader context for this activity through the provision of a full range of disaster recovery and business continuity actions that may need to be initiated in the event of a major disruption to business operations.

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

Regulatory Principle 4. The awarding body shall continually review the effectiveness of its business services, systems, policies and processes.

As part of the audit, the awarding body's risk strategy and matrix for 2019 was reviewed at length. Relative to each risk, the matrix identifies a number of factors including the potential/actual impact, likelihood of occurrence, controls and mitigating actions.

Through discussions on specific risks, the audit team noted that the recorded risk score appeared to be that allocated following the implementation of controls or mitigating actions.

Although the overall approach taken to actual management of risk was robust, the awarding body may wish to consider including the pre-mitigation risk score as a means of clearly demonstrating the value of any proposed/actual controls or mitigating actions.

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

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

On checking the awarding body policies and procedures, it was noted that they are subject to review in January 2020. As part of the document review, the awarding body may wish to ensure that all references to data protection legislation are updated to reflect the Data Protection Act 2018 where appropriate.

Current wording in the relevant policies and procedures notes that 'information will be processed in accordance with data protection principles as set in the Data Protection Act 1998 and from 25 May 2018 General Data Protection Regulations'. The audit team acknowledges the degree of future-proofing that is a consequence of this wording in policies such as the *Equality & Diversity Policy, PP0021, v.10 April 2018*, and the *Appeals Policy, PP0002, v.9 April 2018*, but believe that referencing the updated and current Act will enhance the robustness of policies and procedures.

As part of the review process, the awarding body may also wish to update the policies and procedures held on SharePoint to ensure that they are current and appropriate to SQA accredited provision.

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

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.

The awarding body provided details of external quality assurance activity undertaken at approved centres. Post-audit, copies of relevant qualification approval, external verification and system audit reports were provided for review in respect of the one approved centre delivering SQA provision.

The available evidence indicates that the process of system audits, portfolio external verification and on-site assessment monitoring is sufficiently robust, with the reports containing a range of useful and relevant information on assessment practice. The portfolio external verification report was particularly useful given its focus on the SVQ 2 Plant ~~& Operations Extractives Processing Operations~~ at SCQF Level 5 and the SVQ 2 Processing Operations for the Extractives and Minerals Processing Industries at SCQF Level 5.

In respect of the on-site assessment monitoring, the report provided did not specify the vocational qualification that was being undertaken and it was therefore difficult to be sure that SQA provision had been reviewed as part of this visit.

Although not problematic in this instance, the awarding body may wish to ensure that consideration is given to the inclusion of SQA provision in the assessment monitoring process where appropriate.

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

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.

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 Nexus highlighted the fact that the newly implemented information management database/IT platform can be used to grant/remove permission to allow Direct Claim Status (DCS) for specific qualifications and specific assessment staff within an approved centre.

A full operational handbook for Nexus is yet to be published and made available to stakeholders. The awarding body may wish to ensure that the handbook provides a detailed explanation of how this will be implemented and reviewed by external quality assurance staff.

Appendix 3 of the awarding body's *Centre Manual, v. 19 May 2017*, states that DCS 'is granted for a qualification and level', as well as outlining the criteria that must be met by approved centres before being granted DCS.

These criteria specify a range of requirements such as the need for 'a qualified IV', and 'an appropriate IV Schedule and Monitoring Plan', as well as evidence required for a satisfactory EV visit that these operate effectively. However, there is nothing to note the granting of DCS to specific assessment staff at approved centres.

Therefore, the awarding body may wish to review the *Centre Manual, v. 19 May 2017*, to ensure that it fully reflects the changes to the DCS approval process as noted within Nexus.

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

Regulatory Principle 11. The awarding body shall ensure that its qualifications and their assessment are inclusive and accessible to learners.

The awarding body may wish to review its *Reasonable Adjustments & Special Considerations Policy, PP0005, v. 12 April 2018*, to ensure clarity of understanding around reasonable adjustments that can be implemented at the discretion of an approved centre and those that require permission from the awarding body.

In particular, the guide used by MP Awards for reasonable adjustments, provided on page 6 of the policy, lists a range of actions and categorises them as follows:

*A*** Reasonable adjustments permitted at the discretion of the approved centre*

B Consult with External Verifier (EV) for prior permission

C Apply to MP Awards for prior permission

**** All cases other than those listed as A below must be authorised by MP Awards in advance of conducting any assessments.*

However, beneath the list of actions, the awarding body notes that arrangements, 'other than those listed in the Guide above and marked as A or B will require permission from MP awards and any application for these must be submitted to MP awards at least 10 working days before the assessment is due to take place'.

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

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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Signature

Signature

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Designation

Designation

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Date

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Document control and revision history

Version	Date	Author	Amendment Details
11	18 March 2019	Senior Regulation Manager	Removal of the wording reference to 'good practice' under recommendations Footer updated.