



Audit Report

Mineral Products Qualification Council (MP Awards)

30 March 2023

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1 Background

This was the seventeenth 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.

This was a remote audit of MPQC, and 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 Regulatory Principles (2021)*
- ◆ all *Regulatory Principle 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: 30 March 2023

Audit Report approved by
Accreditation Co-ordination Group on: 10 May 2023

Audit Report to be signed by MPQC: 21 June 2023

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

- ◆ The awarding body will be sent a signed copy of the Audit Report by email.
- ◆ The awarding body must sign the copy of the Audit 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 copy of the Action Plan and return by email 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, no Issues have been recorded and nine Recommendations have been noted.

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 1	The awarding body may wish to review its Conflict of Interest Policy and procedure to introduce a more efficient and streamlined process accounting for all personnel engaged in awarding body activities. It should also seek to provide SQA Accreditation with completed conflict of interest declaration forms for 2023 at the earliest opportunity.
2. Principles 1, 2, 3 and 9	The awarding body may wish to provide SQA Accreditation with a plan outlining its schedule for the review of ‘front facing’ policies, procedures, and associated documentation, reflecting the current awarding body organisation following the recent restructuring of the business.
3. Principles 1, 4 and 7	The awarding body may wish to consider a wider approach to reporting incidents/event notification to SQA Accreditation beyond a specific adverse effect solely linked to SQA accredited provision.
4. Principle 2	As part of the development of the forthcoming Strategic Business Operational Plan for 2023–25, the awarding body may wish to determine a clear and consistent strategy for Scotland, and share this with SQA Accreditation.
5. Principle 4	The awarding body may wish to consider taking account of government policy changes and consultations instigated by the devolved administrations when managing risk. It may also wish to provide SQA Accreditation with a current version of its risk register.

<p>6. Principle 10</p>	<p>The awarding body may wish to ensure that its policy and procedures for qualification review consider the requirements of SQA Accreditation's <i>Accredited Qualification Zero Uptake Policy, v7, 28 January 2020</i>.</p>
<p>7. Principle 13</p>	<p>The awarding body may wish to commence a review of its <i>EQA Resource Pack</i> and <i>EV Code of Conduct</i>, to ensure external quality assurance guidance and activity remains current and fit for purpose, at the earliest opportunity.</p>
<p>8. Principle 13 and 15</p>	<p>Given its recent restructuring, the awarding body may wish to ensure it retains a formal process for standardisation of decisions regarding the allocation of direct claim status (DCS) to assessors.</p>
<p>9. Principle 15</p>	<p>The awarding body may wish to review its certificate/unit exemplars to ensure that the awarding brand, namely MP Awards, is used appropriately and in a consistent way.</p>

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

No Issues were recorded as part of the audit.

2.2 Recommendations

Regulatory Principle 1. The awarding body must have an accountable officer and demonstrate that it has clearly defined and effective governance arrangements.

The Auditors reviewed the awarding body's *Conflicts of Interest Policy, v16, October 2022*, and its general approach to conflict of interest. The process appears relatively straightforward, noting that potential or actual conflicts of interest are managed for the 'MPQC Board, MPQC Council, committee members of other key groups and staff,' with declaration of conflict of interest forms to be completed on an annual basis. It was noted that different conflict of interest forms are to be completed, based upon the designation and role of an individual in the organisation, with the information retained in a master register.

In the opinion of the audit team, the proliferation of forms for completion was unnecessarily bureaucratic, with a lack of a defined timeframe for completion suggesting that the process of completion was not sufficiently proactive. This seemed to be confirmed when no current records for 2023 were available for review, with awarding body representatives unsure whether declaration forms had been completed.

Awarding body representatives indicated that they believed this to be a consequence of a programme of review and re-structuring across the organisation, which began in December 2022, with a consequent re-organisation of the awarding team.

With the above in mind, the awarding body may wish to review its Conflict of Interest Policy and procedure to introduce a more efficient and streamlined process accounting for all personnel engaged in awarding body activities. It should also seek to provide SQA Accreditation with completed conflict of interest declaration forms for 2023 at the earliest opportunity.

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

Regulatory Principle 1. The awarding body must have an accountable officer and demonstrate that it has clearly defined and effective governance arrangements.

Regulatory Principle 2. The awarding body must demonstrate clearly defined business planning processes which show evidence of management commitment and decision making and ongoing review.

Regulatory Principle 3. The awarding body must have the necessary resources to effectively carry out their operational functions to meet regulatory requirements.

And

Regulatory Principle 9. The awarding body and its providers must maintain accurate documents, records, and data.

As part of the audit, a review of awarding body policies, procedures and associated guidance documentation was carried out. In general, the audit team found no major concerns, but noted that in many cases timescales for review had been missed.

This was acknowledged by awarding body representatives, citing the impact of the re-organisation of the awarding body as a reason for the delay. It was noted by the Accountable Officer that this piece of work was recognised as a priority, with the focus upon 'front facing' policies, procedures, and guidance documentation, recognising the importance of currency for stakeholders. Work was already ongoing to identify key documentation with the aim of the undertaking a review process by April 2023.

Therefore, the awarding body may wish to provide SQA Accreditation with a plan outlining its schedule for the review of 'front facing' policies, procedures, and associated documentation, reflecting the current awarding body organisation following the recent restructuring of the business.

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

Regulatory Principle 1. The awarding body must have an accountable officer and demonstrate that it has clearly defined and effective governance arrangements.

Regulatory Principle 4. The awarding body must demonstrate an effective approach to the identification and management of risk.

And

Regulatory Principle 7. The awarding body must have an effective approach for communicating with its staff, stakeholders and SQA Accreditation.

A review of the awarding body's *Adverse Effects Policy, v6*, raised no specific concerns around its approach to identifying incidents to the relevant qualification regulator.

As recent as September 2020, the awarding body reported an incident in respect of incorrect certification in a timely manner, providing a clear explanation around maladministration, and detailing the actions taken to resolve the situation to the satisfaction of the Regulation Manager.

However, the policy does not appear to fully take account of SQA Accreditation's *Regulatory Principles Guidance Note – Principles 1 and 7 Reporting Incidents to SQA Accreditation, v2, October 2022*, which suggests a wider reporting requirement than adverse effects.

For example, in reviewing the *2021 MP Awards Risk Register, v15*, and *2022 MP Awards Risk Register, v16*, the audit team noted that 'poor or negative media' was identified as a risk. SQA Accreditation was aware of an incident that occurred in 2019, and was subject to ongoing media comment until 2022, which had the potential to impact negatively on the awarding body's reputation.

Awarding body representatives kindly provided significant detail of the event and the actions taken by the organisation to minimise the chances of the scenario arising again, as well mitigating any perceived reputational damage. They did this, despite there being no links to SQA accredited provision.

However, it was recognised by all parties that, as the original incident occurred in Scotland, any perceived and misplaced reputational damage could have extended to broader qualification delivery, accredited or otherwise.

There is no indication that this was the outcome, but the awarding body may wish to consider a wider approach to reporting incidents/event notification to SQA Accreditation beyond a specific adverse effect solely linked to SQA accredited provision.

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

Regulatory Principle 2. The awarding body must demonstrate clearly defined business planning processes which show evidence of management commitment and decision making and ongoing review.

Following a review of the awarding body's *Strategic Business Operational Plan 2021-2023*, *Strategic Business Operational Plan 2022-2024*, *Marketing Strategy 2021*, and the most recent self-assessment report for 2022, the audit team sought clarification on its current approach to Scotland and the delivery of SQA accredited provision.

The audit team considered that the range of documentation contained mixed messages in respect of the awarding body's approach to both, with a reference in the *Strategic Business Operational Plan 2022-2024* noting that efforts 'to actively increase coverage in Scotland were deprioritised in 2021'. Arguably, this appeared to contradict the fact that a 'focus on Scotland' was described as one of ten priority areas for 2021 noted in the *Marketing Strategy 2021*.

The *Strategic Business Operational Plan 2022-2024* also noted that the awarding body will continue 'its representation at the MPQC Scottish Committee at which Scottish employers and trade associations are in attendance — and will maintain current SVQ qualifications while there is still demand, albeit limited'.

No Scottish Committee minutes were available during the audit. Post-audit, only one set of minutes was provided for April 2021, which made it difficult for the audit team to determine whether members were aware of the deprioritisation of Scotland.

Discussions with awarding body representatives were unable to expand further this decision beyond the fact that it occurred during the COVID-19 pandemic. However, it was noted that the uptake of SVQs, although remaining low, was gradually increasing.

It was also noted that work had already commenced on drafting the *Strategic Business Operational Plan 2023-2025*, due to be published in September 2023, and the audit team believe in respect of Scotland.

Therefore, as part of the development of the forthcoming Strategic Business Operational Plan for 2023–25, the awarding body may wish to determine a clear and consistent strategy for Scotland and share this with SQA Accreditation.

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

Regulatory Principle 4. The awarding body must demonstrate an effective approach to the identification and management of risk.

The audit team were afforded the opportunity to review the awarding body's *2021 MP Awards Risk Register, v15*, and *2022 MP Awards Risk Register, v16*. At the time of the audit, a 2023 version of the risk register was not available for review.

The available registers identified high-level risk areas for monitoring such as governance, clients, external influences, finance, operations, and other internal influences (such as health and safety; human resources) and the audit team found the information provided under each heading to be detailed, well-structured, and coherent, using a red/amber/green risk rating model to determine levels of escalation and response.

Under external influences, an identified risk was noted as 'government policy decisions,' with the proposed options/actions being noted as 'monitor policy and government consultations on qualifications.' In discussing Scottish Government-led education reforms such as the Hayward Review of qualifications and assessment and the Withers Review of the skills delivery landscape, it became clear that the awarding body representatives were not familiar with these developments, which led the audit team to assume that the overall clause and associated options/actions only pertained to UK government policy decisions and did not sufficiently reflect developments within the devolved administrations.

Therefore, as appropriate, the awarding body may wish to consider taking account of government policy changes and consultations instigated by the devolved administrations when managing risk. It may also wish to provide SQA Accreditation with a current version of its risk register.

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

Regulatory Principle 10. The awarding body must ensure that its systems and processes for the identification, design, development, implementation and review of qualifications and assessments are fit for purpose.

The awarding body's *Validity Strategy, v6, October 2022*, outlines the process for new qualification development and review of existing qualifications. It confirms that all qualifications will be reviewed 'during their lifecycle,' normally following the first 18 months

'from the date of release,' but no later than 24 months. Discussions around existing Scottish Vocational Qualifications (SVQ) provision noted that the timeframe for review is usually 12 to 24 months from the point of accreditation.

Specific discussions around accredited provision due to reach its accreditation end date, noted that the review of the NOS underpinning the *SVQ in Processing Operations for the Extractive and Minerals Processing Industries at SCQF level 5, GK4R 22*, and the *SVQ in Processing Operations for the Extractive and Minerals Processing Industries at SCQF level 6, GK4T 23*, was not ongoing at the moment, resulting in an extension request for both qualifications on 15 February 2023.

It was acknowledged that the extension request was submitted late as a consequence of a large and short notice information request from another UK regulator.

The Accountable Officer was able to outline the general process for SVQs, which involves discussions with MP Skills, the approved centre delivering all currently accredited SVQs in the sector, as well as Minerals Matter, the division responsible for National Occupational Standards (NOS) and qualification development and review. (The latter is responsible for direct employer consultation over proposed changes.)

The audit team considered the policy and process, as described, to be sufficiently robust but noted that there appeared to be a lack of awareness of SQA Accreditation's *Accredited Qualification Zero Uptake Policy, v7, 28 January 2020*, and the associated two-year timescale for the review of accredited qualifications with no uptake.

With qualification uptake being a factor for consideration in the awarding body's validity strategy, alongside the specified timescales for review, it may wish to ensure that its policy and procedures for qualification review consider the requirements of SQA Accreditation's *Accredited Qualification Zero Uptake Policy, v7, 28 January 2020*.

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

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.

A review of the awarding body's *Master Document Register, February 2019*, contained references to an *EV Code of Conduct* and *EV Resource Pack*. Neither document was available to the audit team via SharePoint or during the audit.

The Accountable Officer noted that both documents require review and updating in the light of the ongoing re-organisation and re-allocation of resources in the awarding body.

Therefore, the awarding body may wish to commence a review of its *EQA Resource Pack* and *EV Code of Conduct*, to ensure external quality assurance guidance and activity remains current and fit for purpose, at the earliest opportunity.

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

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.

And

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

As previously noted in this report, the awarding body is undergoing a period of re-organisation and re-structuring, with a consequent re-allocation of resources.

A comparison between the respective organisational charts for 2022 and 2023 appeared to suggest a loss of resources in respect of the awarding body's quality monitoring of approved centres and external verification of delivery — in particular, the loss of Lead External Verifiers.

Awarding body representatives provided an explanation of how the new structure would continue to provide all external quality assurance activities via the use of a bank of associates, which is already in place, stating that this model represented a more cost-effective approach in the current economic climate.

Given that the *Centre Manual* notes that External Verifiers/External Quality Assurers retain a key role in determining the allocation of direct claim status (DCS) to centres, with the *Certification and Direct Claim Status Policy, v1*, noting that it is based on a 'per-assessor, per-qualification basis', the audit team were concerned that the loss of the Lead External Verifier role could undermine any standardisation of the allocation of DCS.

Therefore, given its recent restructuring, the awarding body may wish to ensure it retains a formal process for standardisation of decisions regarding the allocation of direct claim status (DCS) to assessors.

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

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

The legal entity of MPQC delivers its awarding, training, and product development functions under a number of separate divisions/brands, MP Awards being the brand used for the awarding body function.

A review of the exemplar qualification and unit certificates noted that the awarding body brand is used appropriately, but would benefit from a more consistent approach. For example, in respect of specific references to the Accountable Officer, the MP Awards brand should be present, and not MPQC.

The awarding body may wish to review its certificate/unit exemplars to ensure that the awarding brand, namely MP Awards, is used appropriately and in a consistent way.

This has been noted as **Recommendation 9**.

3 Acceptance of Audit Findings