Audit Report

Royal Academy of Dance

27 July 2017

Contents

1 Background

This was the second audit of the Royal Academy of Dance (RAD) since it was approved as an awarding body by SQA Accreditation in 2011.

RAD is an internationally-recognised awarding body dealing with vocational and graded qualifications in dance. RAD's headquarters are in Battersea, London.

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 RAD, 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 RAD 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 RAD'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

RAD: audit date: 27 July 2017
Audit Report approved by
Accreditation Co-ordination Group on: 6 September 2017
Audit Report to be signed by RAD: 19 October 2017
Action Plan to be e-mailed
to regulation@sqa.org.uk by RAD: 19 October 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 RAD 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 three Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 1	There was no evidence to demonstrate that the awarding body is pro-active in capturing potential conflicts of interest as outlined in the *Examinations Conflict of Interest Policy*. The policy states staff involved in examinations are required to sign an annual declaration and declare any potential conflicts upfront in order to mitigate any actual conflicts occurring. On the day of the audit the Accreditation Auditors were not provided with evidence of any signed declarations for examinations staff. Furthermore, where a conflict of interest arises, the information is captured in isolation and the awarding body is therefore unable to have an overview of the conflict of interests that are potentially re-occurring or potentially involving same individuals. Therefore a lack of oversight also exists.	Low
2. Principle 10	The Accreditation Auditors are of the opinion that there is a lack of sufficient oversight relating to examination venues. Firstly, in terms of monitoring closely the quality of venues, and secondly in centrally recording where issues are identified within the *Examiner Tour Quality Assurance Assessment* report in order to manage any trends occurring.	Low

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 10	It is recommended that the awarding body has sufficient contingency plans in place to mitigate the risk to results quality if the post of Examination Results Quality Assurance Manager were to become vacant.
2. Principle 12 and 13	It is recommended that the wording within *the Complaints, enquiries about results and appeals* policy be clarified to state that an appeal cannot be brought to SQA Accreditation, though a complaint about the way in which an appeal was handled can be.
2. Principle 14	It is recommended as best practice to keep a central log of all cases relating to malpractice and maladministration in order to produce an audit trail of activities undertaken and when and by whom.

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 RAD'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.

There was no evidence to demonstrate that the awarding body is pro-active in capturing potential conflicts of interest as outlined in the *Examinations Conflict of Interest Policy*. The policy states staff involved in examinations are required to sign an annual declaration and declare any potential conflicts upfront in order to mitigate any actual conflicts occurring. On the day of the audit the Accreditation Auditors were not provided with evidence of any signed declarations for examinations staff. During discussions between the Accreditation Auditors and the awarding body representative regarding conflict of interest procedures, it became apparent that the awarding body deals with conflict of interests, reactively, only when they become apparent to them during an examination cycle, normally raised by an examiner.

Furthermore, where a conflict of interest does arise, the information is captured in isolation and the awarding body is therefore unable to have an overview of conflicts of interests that might reoccur or potentially involve the same individuals. Therefore a lack of oversight also exists.

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

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 representative explained to the Accreditation Auditors that no traditional quality assurance activities were undertaken at their examination venues, as they are not considered centres *per se* requiring the typical external quality assurance checks. Instead monitoring the quality of a venue takes the form of examiners completing a report at the end of an examination, where they note any issues or concerns with a particular examination venue. If there are problems at a particular venue on more than one occasion, the internal protocols dictate that, after two issues that cause sufficient concern, the examination venue will no longer be used.

However, firstly, this protocol is not documented in any awarding body policy or process. Secondly, when the Accreditation Auditors sought evidence to demonstrate where issues were recorded and managed centrally to monitor this two-issue protocol, there was no logging mechanism. The issues raised can only be found in isolation in individual reports. Therefore the Accreditation Auditors are of the opinion that there is a lack of sufficient oversight in terms of monitoring closely the quality of venues and recording centrally where issues are identified in the *Examiner Tour Quality Assurance Assessment* report to manage any trends that occur.

2.2 Recommendations

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 policy *Reliability of Results – November 2016* describes a moderation process which, as the awarding body representative explained on the day of the audit, involves only one individual, the Examination Results Quality Assurance Manager, moderating examination results across 800 tours throughout the world. The Accreditation Auditors understand that only a small percentage of that would include Scotland and SQA accredited qualifications. Nonetheless, on the basis that there is one individual trained in this job role, and with no clear and fully qualified contingencies available immediately, it is recommended that the awarding body has sufficient contingency plans in place to mitigate the risk to results quality if this post were to become vacant.

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

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

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

The Accreditation Auditors reviewed the awarding body policy *Complaints, enquiries about results and appeals– September 2016.* In paragraph 7.12.1 the policy states learners can appeal to SQA Accreditation. However, it is recommended that the wording be clarified to state that an appeal cannot be brought to SQA Accreditation, but a complaint about the way in which an appeal was handled can.

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

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 Accreditation Auditors enquired whether any malpractice/maladministration had been identified in regards to SQA accredited qualifications. The awarding body representative informed the auditors that there had been none. The Accreditation Auditor asked where such information would be recorded, and it was suggested that a folder would be created on their system internally where all information pertaining to that case would be kept, as per current practice with other regulated qualifications. However, no system appears to exist to keep track of current cases to follow through investigations and keep to timeframe. It is recommended as best practice to keep a central log of all cases relating to malpractice and maladministration in order to produce an audit trail of activities undertaken and when and by whom.

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

3 Acceptance of Audit Findings

For and on behalf of Royal Academy of Dance:

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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