



Provider Monitoring Report

Association of Accounting Technicians (AAT)

15 May 2019

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1 Background

One provider was monitored on 15 May 2019.

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

AAT provider monitoring date:	15 May 2019
Provider Monitoring Report approved by Accreditation Co-ordination Group on:	17 July 2019
Provider Monitoring Report to be signed by AAT:	28 August 2019
Action Plan to be emailed to regulation@sqa.org.uk by AAT	28 August 2019

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

- ◆ The awarding body will be sent two signed copies of the Provider Monitoring Report by post.
- ◆ The awarding body must sign both copies of the Provider Monitoring 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 Provider Monitoring 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 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 e-mailed to AAT 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, two Issues have been recorded and no Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 6,10	The provider was unable to demonstrate how it plans its internal verification activity.	Medium
2. Principle 12	The provider's complaints policy did not adequately reference either the awarding body or SQA Accreditation.	Low

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 AAT'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 area of good practice were noted by providers:

Provider 1 highlighted that the working relationships between the provider and various AAT staff members are excellent.

2.2 Issues

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

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 Accreditation Auditor noted that the provider had no formal process for planning and carrying out internal verification. The provider was able to produce evidence that sampling and internal verification had taken place but could not provide any documentation to indicate how this was planned or any rationale for how much internal verification should take place.

The *AAT Guidance for training providers October 2018 version 1.1* states: 'The internal verifier sampling rationales should be clearly recorded and there should be an appropriate internal verifier policy in place. Internal verifier practice should match the internal verifier policy.'

Appendix 2: Internal verifier responsibilities of the above document also states that internal verifier activities under 'planning' include: 'Ensure there is an appropriate internal verifier policy in place.' and 'Ensure proposed sampling rationales are appropriate.'

While it is noted that evidence of internal verification was provided, AAT must ensure that its providers can provide documentation for and demonstrate planning of internal verification in accordance with AAT's requirements.

This has been recorded as **Issue 1**

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

When reviewing the provider's documentation, the Accreditation Auditor noted that the complaints policy makes no reference to the awarding body or SQA Accreditation.

The provider's complaints policy states that 'complaints relating to services provided by the external body on behalf of [provider name] will either be referred to the relevant officer or department within the particular organisation or dealt with by [provider name] depending on the nature of the complaint'.

While complaints are logged and held on the provider's customer relationship management (CRM) system and are available to be reviewed by AAT or the Accreditation Auditor after the fact, the provider was unable to produce evidence that candidates are being made aware of the awarding body's and regulator's role when complaints are made.

AAT must ensure that its providers make candidates aware of their right to complain and to whom they can complain when undertaking accredited qualifications.

This has been recorded as **Issue 2**

2.3 Recommendations

There were no recommendations

3 Acceptance of Provider Monitoring Findings

For and on behalf of AAT:

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

Date

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