



Provider Monitoring Report

Alcohol Focus Scotland (AFS)

12 November 2020

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1 Background

One provider was monitored remotely on 12 November 2014.

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

AFS provider monitoring date:	12 November 2020
Provider Monitoring Report approved by Accreditation Co-ordination Group on:	2 December 2020
Provider Monitoring Report to be signed by AFS:	22 January 2021
Action Plan to be emailed to regulation@sqa.org.uk by AFS	22 January 2021

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

Issue	Detail of Issue recorded	Risk rating
1. Principle 5	In reviewing <i>AFS Terms and Conditions</i> (October 2019) document and several other AFS documents uploaded on SharePoint, the Accreditation Auditor noted that they currently make incorrect references to SQA, when it should be SQA Accreditation, as the qualification regulator.	Very Low
2. Principles 5 & 6	AFS is not providing accurate and consistent information in its documentation to providers in relation to how long records and files should be retained.	Low
3. Principles 5 & 10	AFS had no documented guidance available for its providers on how the remote monitoring of external quality assurance would be undertaken by AFS, at the time of the provider monitoring activity.	High
4. Principles 5 & 12	The complaints procedure in <i>AFS's Terms and Conditions</i> (October 2019) document does not inform candidates that, if still not satisfied with the outcome of a complaint to the awarding body, they have the right to escalate a complaint to SQA Accreditation as the qualification regulator.	Low
5. Principle 6	The Accreditation Auditor noted that several AFS documents, including <i>AFS Quality Assurance Policy</i> (August 2027), recorded that the next review date for that document was 1 August 2018.	Low

	AFS had not reviewed the documentation it had uploaded on SharePoint in accordance with their review dates.	
6. Principle 10	AFS has not complied with its own documented processes in relation to internal quality assurance.	Medium

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 10	AFS should ensure that the scheduled remote external quality assurance visit is undertaken in December 2020, or when the first qualification course is delivered.
2. Principle 11	AFS should consider reviewing its <i>AFS Terms and Conditions</i> (October 2019) document in relation to there being a potential barrier to candidates with special requirements undertaking SQA accredited qualifications awarded by AFS.

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 AFS'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 areas of good practice were noted by the provider:

Provider 1 highlighted that AFS:

- ◆ is well placed in terms of their understanding of policy and licensing legislation in Scotland.
- ◆ is focused on delivering quality qualifications.

2.2 Issues

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.

In reviewing *AFS Terms and Conditions* (October 2019) document and several other AFS documents uploaded on SharePoint, the Accreditation Auditor noted that the documents make incorrect references to SQA, when it should be SQA Accreditation, as the qualification regulator.

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.

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

The *AFS Remote Delivery & Invigilation Strategy* (November 2020) document states that:

- ◆ All documents associated with the exam will be retained for a period of 3 years to align with Alcohol Focus Scotland External Quality Assurance policy.
- ◆ All video recordings associated with the exam will be retained for a period of 3 years to align with Alcohol Focus Scotland External Quality Assurance policy.
- ◆ Access to both above will be given to the nominated External Quality Verifier as required.

However, the *AFS Awarding Body Regulations* (May 2018) document contradicts *AFS Remote Delivery & Invigilation Strategy* (November 2020) document, by stating that 'These records must be kept for five years. These records may be required in the event of an investigation concerning any candidate's identity.'

AFS is not providing accurate and consistent information in its documentation to providers in relation to how long records and files should be retained.

This has been recorded as **Issue 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.

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.

Provider 1 informed the Accreditation Auditor that AFS had contacted them to let them know that they had appointed a new external verifier to undertake a remote external quality assurance visit in December 2020.

While reviewing AFS's *Remote Delivery & Invigilation Strategy* (November 2020) document, the Accreditation Auditor noted that AFS had not described how remote monitoring of external quality assurance would be undertaken by AFS within this strategy document. AFS had no documented guidance available for its providers on how the remote monitoring of external quality assurance would be undertaken by AFS, at the time of the provider monitoring activity.

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

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.

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

The complaints procedure in *AFS's Terms and Conditions* (October 2019) document does not inform candidates that, if still not satisfied with the outcome of a complaint to the awarding body, they have the right to escalate a complaint to SQA Accreditation as the qualification regulator.

This has been recorded as **Issue 4**

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

While reviewing AFS documentation uploaded on SharePoint, the Accreditation Auditor noted that several AFS documents, including *AFS Quality Assurance Policy* (August 2017), recorded that the next review date for that document was 1 August 2018.

AFS had not reviewed AFS documentation uploaded on SharePoint in accordance with their review dates.

This has been recorded as **Issue 5**.

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.

Provider 1 was unable to provide the Accreditation Auditor with evidence that the following annual internal quality assurance had been completed by AFS:

- ◆ A review of all procedures, policies and information relating to qualification delivery to be reviewed on an annual basis as stated in AFS's *Awarding Body Regulations* (May 2018) document.
- ◆ Centres registered with Alcohol Focus Scotland are measured against the six quality assurance criteria. This is an annual audit of internal quality assurance carried out by an Alcohol Focus Scotland Officer and a report (Appendix 1: DOC 29A) produced and given to the Learning & Business Development Lead as stated in AFS's *Quality Assurance Policy* (August 2017).
- ◆ Evaluations for each course are recorded and reviewed, and a summary evaluation report created by the Learning and Business Development Lead on an annual basis as stated in *AFS's Centre Guidance* documents (August 2017).

Provider 1 informed the accreditation auditor that the multiple-choice examination papers are marked by Alcohol Focus Scotland and that 10% of papers had been double-checked for marking. However, AFS had not undertaken the annual review of all its internal quality assurance processes since May 2017. Therefore, AFS has not complied with its own documented processes in relation to internal quality assurance.

This has been recorded as **Issue 6**.

2.3 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.

AFS Awarding Body Regulations (May 2018) states that 'Alcohol Focus Scotland registered centres will be subject to a minimum of one external quality assurance visit per three years. This visit may be undertaken by an External Verifier appointed by Alcohol Focus Scotland. External quality assurance will be completed using Alcohol Focus Scotland's Quality Assurance Procedure and External Quality Assurance Report Template.'

Provider 1 provided the Accreditation Auditor with a copy of their last external quality assurance report which was completed in May/June 2017. The next scheduled external quality assurance visit would have been due to take place by June 2020.

However, Provider 1 demonstrated that they had not delivered any AFS approved qualifications courses within the past year due to current COVID-19 restrictions, and this was why no external quality assurance activity had been completed by June 2020 by AFS.

Provider 1 informed the Accreditation Auditor that a new External Verifier had been appointed and is scheduled to undertake a remote external quality assurance visit in December 2020.

Therefore, the Accreditation Auditor noted this as a recommendation in this instance, due to the exceptional circumstances caused by the COVID-19 pandemic.

AFS should ensure that the scheduled remote external quality assurance visit is undertaken in December 2020, or when the first qualification course is delivered.

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

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

The *AFS Terms and Conditions (October 2019)* document states 'Individuals requiring any specialist equipment and/or personnel such as signers or translators etc. will be responsible for sourcing and costs to such provisions.'

In reviewing this document, the Accreditation Auditor felt this could be a potential barrier to candidates with special requirements undertaking SQA accredited qualifications awarded by AFS.

AFS should consider reviewing its *AFS Terms and Conditions (October 2019)* document in relation to there being a potential barrier to candidates with special requirements undertaking SQA accredited qualifications awarded by AFS.

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

3 Acceptance of Provider Monitoring Findings

For and on behalf of AFS:

For and on behalf of SQA Accreditation:

Print name

Print name

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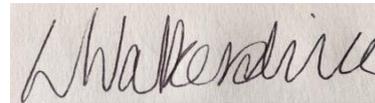
LAURA WALKERDINE

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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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02 DECEMBER 2020

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