Provider Monitoring Report

EAL

20 March to 26 March 2018

Contents

1   Background

Two Providers were monitored between 20 March and 26 March 2018.

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 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. Consequently, this approach to provider monitoring reporting will not detail areas where compliance or good practice was identified by SQA Accreditation.

1.2　Provider Monitoring Report Timescales

EAL provider monitoring date:　　　　　　　20 March 2018 to 26 March 2018

Provider Monitoring Report approved by
Accreditation Co-ordination Group on:　　　09 May 2018

Provider Monitoring Report to be signed by EAL:　　20 June 2018

Action Plan to be e-mailed
to regulation@sqa.org.uk by EAL　　　　　20 June 2018

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

♦ The awarding body will receive 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 receive an e-mailed 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 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 receive 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 EAL as a separate document from 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, three Issues have been recorded and no Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 6	Provider one does not keep any record of the risk assessments that are carried out at assessment locations, or how any of the risks have been dealt with.	Low
2. Principle 10	Provider one does not undertake and record Continuous Professional Development (CPD) for all of its assessment and verification staff.	Low
3. Principle 15	Candidate certificates and portfolios are not held securely at provider one.	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 EAL'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:

http://accreditation.sqa.org.uk/accreditation/Regulation/Quality_Assurance/Quality_Enhancement_Rating

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 was noted by provider two:

Provider 2 highlighted that the awarding body's online system is very well developed and that it is used to provide effective communications.

2.2   Issues

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

Provider 1 stated that it does perform risk assessments when assessors visit candidate workplaces, and provide verbal feedback about any issues to the employer. However, the provider does not keep any record of these risk assessments, or how any of the risks have been dealt with.

The awarding body must ensure that its providers maintain an accurate record of any risks that have been raised in their assessment locations and how they have been mitigated, to ensure the safety of candidates.

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 Accreditation Auditor noted that staff at Provider 1 do not do any formal Continuous Professional Development (CPD). One member of staff at provider 1 stated that, since EAL stopped holding regular CPD events, they had not completed any CPD, as it was not deemed to be cost or time effective. The last recorded evidence of CPD for one assessor was from 2013.

Another staff member stated that they kept up to date with changes to the machinery and technology that related to their chosen field but the provider was unable to show evidence of this.

EAL must ensure that staff at its providers complete regular CPD and record this, in order to be able to ensure assessor and verifier knowledge is up to date.

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

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

The Accreditation Auditor noted that Provider 1 did not store candidate certificates in a secure manner. Once received, candidate certificates are kept in trays on staff members' desks until they are delivered to the candidates at their workplaces.

The Accreditation Auditor also noted that most candidate portfolios are stored in an unlocked cupboard in an office.

EAL must ensure that its providers store candidate records in a safe and secure manner to protect candidate's personal data.

This has been recorded as **Issue 3**

2.3   Recommendations

There were no Recommendations.

3   Acceptance of Provider Monitoring Findings

For and on behalf of EAL: 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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