



Provider Monitoring Report

IMI

8 May 2022 – 18 May 2022

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1 Background

Two providers were monitored remotely on 8 May 2022 and 18 May 2022.

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

IMI provider monitoring dates: 8 May 2022 – 18 May 2022

Provider Monitoring Report approved by

Accreditation Co-ordination Group on: 25 May 2022

Provider Monitoring Report to be signed by IMI: 8 July 2022

Action Plan to be emailed to regulation@sqa.org.uk by IMI: 8 July 2022

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

- ◆ The awarding body will be sent a copy of the Provider Monitoring Report by email.
- ◆ The awarding body must sign the copy of the Provider Monitoring 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 Action Plan and return by email 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 IMI 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, three Issues have been recorded and two Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 12 and 13	The invigilation records at provider 2 appeared to show that some learners had not had their identity checked. Staff at provider 2 commented that this was likely to be an administrative error. IMI must ensure that providers record identity checks accurately and ensure that these records are checked at external quality assurance visits.	Low
1. Principle 16	The complaints policy at provider 1 had no escalation route to the awarding body or to SQA Accreditation as the regulator.	Low
2. Principle 18	The malpractice policies at provider 1 did not appropriately reference the escalation of all suspected and actual cases of malpractice and maladministration to the awarding body.	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 5	IMI may wish to offer additional opportunities for training on the Centres Hub.
2. Principle 17	It is recommended that appeals policies at providers are reviewed at the next suitable external quality assurance activity to ensure that the process for appeals is clear to learners.

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 IMI'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 providers:

Provider 1 spoke extremely highly of the awarding body. Staff highlighted the:

- ◆ excellent customer service
- ◆ enabling staff who are easy to contact by phone
- ◆ supportive external quality assurers
- ◆ quick certification process
- ◆ comprehensive research which allows targeted recruitment campaigns at the provider

Provider 2 also spoke extremely favourably of the awarding body. Staff highlighted the:

- ◆ straightforward approval system
- ◆ supportive and efficient awarding body staff
- ◆ quick response and resolution of queries
- ◆ easy to use IMI online tests
- ◆ full time, dedicated external quality assurers
- ◆ IMI e-portfolio system which enables easy learner tracking and assessment
- ◆ positive learner feedback about the e-portfolio system in terms of being able to see progress and receive quick assessor feedback

2.2 Issues

Regulatory Principle 12. The awarding body and its providers must ensure that they have the necessary arrangements and resources required to manage and administer qualification delivery and assessment.

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.

The *IMI Online Assessment Requirements* state that, 'it is the centre's responsibility to check the identity and confirm that the correct candidate is logged onto the allocated PC as identified within the invigilation log.'

The invigilation records at provider 2 appeared to show that some learners had not had their identity checked. Staff at provider 2 commented to the Accreditation Auditor that this was likely to be an administrative error, as photographic identity of all learners is logged on their internal system. IMI must ensure that providers record identity checks accurately and ensure that these records are checked at external quality assurance visits.

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

Regulatory Principle 16. The awarding body and its providers must have open and transparent systems, policies and procedures to manage complaints.

The complaints policy at provider 1 had no escalation route to the awarding body or to SQA Accreditation as the regulator.

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

Regulatory Principle 18. The awarding body and its providers must ensure that it has safeguards to prevent and manage cases of malpractice and maladministration.

The malpractice policies at provider 1 did not appropriately reference the escalation of all suspected and actual cases of malpractice and maladministration to the awarding body.

Provider 1 did attempt to reference the awarding body, but confused the term with regulatory authorities, did not include maladministration and stated that only those cases which they felt applicable would be referred.

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

2.3 Recommendations

Regulatory Principle 5. The awarding body and its providers must provide clear information on their procedures, products and services and ensure that they are accurate and appropriate to accredited qualifications.

Staff at provider 1 felt that they would benefit from additional training on the IMI Centres Hub system, especially with regards to accessing external quality assurance reports and finding qualification structures.

IMI may wish to offer additional opportunities for training on the Centres Hub.

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

Regulatory Principle 17. The awarding body and its providers must have clear, fair and equitable systems, policies and procedures to manage appeals.

The appeals policy at provider 2 does reference escalation to the awarding body, but the stages of appeal are very muddled, as it states escalation to the provider, then the awarding body, with a subsequent stage at the provider. It is recommended that appeals policies at providers are reviewed at the next suitable external quality assurance activity to ensure that the process for appeals is clear to learners.

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

3 Acceptance of Provider Monitoring Findings