Provider Monitoring Report

PAA\VQ-SET Limited

8 February to 13 February 2018

Contents

1   Background

Two providers were monitored between 8 and 13 February 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 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. 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

PAA\VQ-SET provider monitoring dates: 8 February to 13 February 2018

Provider Monitoring Report approved by
Accreditation Co-ordination Group on: 21 March 2018

Provider Monitoring Report to be signed by PAA\VQ-SET: 5 May 2018

Action Plan to be e-mailed
to regulation@sqa.org.uk by PAA\VQ-SET   5 May 2018

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 e-mailed 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 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 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 PAA\VQ-SET 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 three Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 5	While undertaking the provider monitoring visits for PAA\VQ-SET, it was noted by the Accreditation Auditor that an updated version of *Centre Portfolio QP2.5/01/18* was available to the providers. However, PAA\VQ-SET had not uploaded this updated document to SharePoint.	Low
2. Principle 10	Provider 2 advised the Accreditation Auditor that no discussion had taken place with PAA\VQ-SET's External Verifier over the current sampling rate in the provider-devised *Internal Verification Sampling Procedure.* Therefore, the Accreditation Auditor was unable to see evidence that PAA\VQ-SET's External Verifier had agreed the current internal verification sampling rate used by Provider 2 as specified by the *PAA\VQ-SET Guide for Centres (revised August 2014*).	Medium

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. Principles 1 & 6	PAA\VQ-SET may wish to remind External Verifiers to review standardisation minutes to check that the approved provider is accurately referenced. PAA\VQ-SET should also consider whether the risk of another provider's unapproved assessment team attending a PAA\VQ-SET standardisation meeting could be considered a conflict of interest.
2. Principles 5 & 6	PAA\VQ-SET may wish to consider reminding its External Verifiers to review the provider's website to ensure that it contains accurate reference to PAA\VQ-SET's SQA accredited qualifications.
3. Principle 12	PAA\VQ-SET may wish to consider reminding its External Verifiers that when they are reviewing provider-devised complaints procedures, these complaints procedures must be consistent in highlighting to the candidate their right of escalation to the regulator.

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 PAA\VQ-SET'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: 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 was noted:

♦ Provider 2 highlighted that PAA\VQ-SET's qualifications are appropriate to the industry and meet the needs of employers. Provider 2 also highlighted that PAA\VQ-SET regularly requests feedback from its providers and continuously makes improvements where appropriate.

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.

Prior to undertaking provider monitoring activity, the Accreditation Auditor reviews the awarding body documentation uploaded to SharePoint so that they can ensure that the awarding body's providers are compliant with the systems and procedures.

At this time, the Accreditation Auditor recorded that the PAA\VQ-SET *Centre Portfolio QP2.5/04/15* was currently uploaded on SharePoint.

However, while undertaking the provider monitoring visits for PAA\VQ-SET, the Accreditation Auditor noted that an updated version of *Centre Portfolio QP2.5/01/18* was available to the providers, but PAA\VQ-SET had not uploaded the updated document to SharePoint.

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.

PAA\VQ-SET Guide for Centres (revised August 2014) states that '*PAA\VQ-SET recommends that a minimum sample of 25% is undertaken by established approved centres with an experienced assessment and quality assurance team. This strategy should be discussed and agreed with the PAA\VQ-SET External Verifier.*'

The sampling strategy and an example of the framework should be kept for review by the PAA\VQ-SET External Verifier in the Centre Portfolio.

Provider 2 gave the Accreditation Auditor a copy of its provider-devised *Internal Verification Sampling Procedure* which states that a minimum of 20% of the students in an occurrence will be sampled, confirming to the Accreditation Auditor that the provider followed its own procedure, and not the minimum of 25% recommended by PAA\VQ-SET.

Provider 2 advised the Accreditation Auditor that no discussion had taken place with PAA\VQ-SET's External Verifier over the current sampling rate in the provider-devised *Internal Verification Sampling Procedure.*

Therefore, the Accreditation Auditor was unable to see evidence that PAA\VQ-SET's External Verifier had agreed the current internal verification sampling rate used by Provider 2 as specified by the *PAA\VQ-SET Guide for Centres (revised August 2014*).

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

2.3   Recommendations

Regulatory Principle 1. The awarding body shall have clearly defined and effective governance arrangements.

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

PAA\VQ-SET Quality Procedures state that 'All Centres will be required to hold Standardisation Meetings to ensure that the assessment process of units, across units over time is consistent and accurate, as well as managed and conducted efficiently. The minutes of these meetings will be reviewed as part of the External Verification and recorded on the appropriate verification report form; any issues will be put forward to the Management Review Process and discussed at the Senior Management Team Meetings and Operations Meeting, as appropriate.'

Provider 1 showed the Accreditation Auditor standardisation minutes for the 18 January 2018, which were still headed up with its old provider name, despite PAA\VQ-SET having approved Provider 1 with the current provider name on 20 April 2016.

While reviewing the standardisation minutes for the 20 January 2018, the Accreditation Auditor also noted that assessment staff from two providers had been listed as attendees. However, only one of these providers is currently approved with PAA\VQ-SET.

PAA\VQ-SET may wish to remind External Verifiers to review standardisation minutes to check that the approved provider is accurately referenced in them, and to consider the risks when another provider's assessment team attends the meetings but are not approved to attend a PAA\VQ-SET standardisation meeting, as this could possibly be considered a conflict of interest.

This has been noted as **Recommendation 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.

While reviewing the website for Provider 1, the Accreditation Auditor noted that, prior to the monitoring visit, the website did not promote its two qualifications approved by PAA\VQ-SET. However, it did promote the same qualification approved by another competitor awarding body.

During the provider monitoring visit, Provider 1 explained to the Accreditation Auditor that this was due to the website currently being under development at this time.

PAA\VQ-SET may wish to consider reminding its External Verifiers to review the provider's website to ensure that it contains accurate reference to PAA\VQ-SET's SQA accredited qualifications.

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

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

The Accreditation Auditor was shown the provider-devised Candidate/Learner Complaints Procedure for Provider 1, which does highlight the right of escalation to the regulator.

However, the flowchart within this procedure failed to highlight this right of escalation to the regulator, thus highlighting a lack of consistency within the provider's documentation.

PAA\VQ-SET may wish to consider reminding its External Verifiers that when reviewing provider-devised complaints procedures, they must be consistent in highlighting to the candidate their right of escalation to the regulator.

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

3   Acceptance of Provider Monitoring Findings

For and on behalf of PAA\VQ-SET: For and on behalf of SQA Accreditation:

Print name   **Print name**

                                          GEORGE BROWN

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Signature   **Signature**

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Designation   **Designation**

                                          Head of Accreditation

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Date   **Date**

                                          22 March 2018

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