



Provider Monitoring Report

Scottish Qualifications Authority

9 October 2017 to 15 March 2018

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1 Background

Seven providers were monitored between 9 October 2017 and 15 March 2018.

1.1 Scope

SQA Accreditation carries out quality assurance activity in line with its *Quality Assurance of Approved Awarding Bodies Policy*. In this case the scope of quality assurance will focus on Scottish Vocational Qualifications (SVQs) and SVQ units contained within Foundation Apprenticeships. SQA Accreditation is seeking assurances that the integrity of SVQ units within Foundation Apprenticeships continue to meet the appropriate standards. This will involve 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

SQA provider monitoring dates: 9 October 2017 to 15 March 2018

Provider Monitoring Report approved by
Accreditation Co-ordination Group on: 2 May 2018

Provider Monitoring Report to be signed by SQA: 15 June 2018

Action Plan to be e-mailed
to regulation@sqa.org.uk by SQA: 15 June 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 SQA 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, seven Issues have been recorded and five Recommendations have been noted.

| Issue | Detail of Issue recorded | Risk rating |
|-----------------|---|-------------|
| 1. Principle 5 | During preparation for the provider 1 monitoring visit, the accreditation auditors identified that on 4 October 2017 the awarding body website did not reference the most up-to-date assessment strategy for the SVQs in Built Environment Design at SCQF level 6 and the SVQ in Construction: Contracting Operations at SCQF level 6. | Medium |
| 2. Principle 10 | <p>During the review of providers the accreditation auditors looked at current curricula vitae and continuous professional development records of to confirm competence and expertise of assessors and internal verifiers. The accreditation auditors established that there were examples of candidate portfolios where the candidate's evidence of competence had been internally verified and signed off by an individual who was neither qualified, nor working towards a qualification, as an Internal Verifier as specified in the '<i>Consolidated Assessment Strategy for Construction the Built Environment</i>' approved by ACG on 3 May 2017.</p> <p>A further three out of seven providers sampled were also unable to demonstrate to the Accreditation Auditor how all their assessment teams met the requirements of the appropriate assessment strategy.</p> <p>Two of these three providers had undergone recent qualification verification activity but the incomplete records were not highlighted by the Qualification Verifier for providers 6 and 7, and provider 4 had not received a qualification verification visit since 30 April 2016.</p> | High |

| | | |
|------------------------|--|---------------|
| <p>3. Principle 10</p> | <p>During the monitoring visit, to provider 4 it was apparent that some confusion existed over the understanding of the differences between the role of the Expert Witness and that of an Assessor.</p> <p>The Accreditation Auditor was supplied with a sample of candidate workbooks. In reviewing these, the Accreditation Auditor noted that the Expert Witness had completed the Assessor feedback section and given this feedback to the candidates and signed off the evidence under the section for the Assessor signature. The Assessor then signed off the evidence under the section for the Internal Verifier signature.</p> <p>The Accreditation Auditors also observed at provider 2 that the 'witness testimony' documentation contained in candidate portfolios did not include all the details of the expert witness, for example their full name, job role or the date the 'witness testimony' was signed off.</p> | <p>High</p> |
| <p>4. Principle 10</p> | <p>During the monitoring visit, provider 4 supplied the Accreditation Auditor with a sample of candidate workbooks. In reviewing these, the Accreditation Auditor noted that the Expert Witness had completed the Assessor feedback section and given this feedback to the candidates and signed off the evidence under the section for the Assessor signature. The Assessor then signed off the evidence under the section for the Internal Verifier signature.</p> <p>The accreditation auditors also observed at provider 2 that the 'witness testimony' documentation contained in candidate portfolios did not include all the details of the expert witness, for example their full name, job role or the date the 'witness testimony' was signed off.</p> | <p>Medium</p> |
| <p>5. Principle 12</p> | <p>During the provider monitoring visit, the accreditation auditors reviewed provider 2's complaints documentation. This included '<i>Complaints Policy (QM-2) Issue No 2</i>' and '<i>Complaints Procedure: A guide for students</i>' made available by provider 2.</p> <p>There is a lack of consistency between both documents regarding escalation in the event that the complainant is dissatisfied with the way the complaint was handled. The '<i>Complaints Policy (QM-2) Issue No 2</i>' fails to highlight escalation to the qualifications regulator, SQA Accreditation, whilst the '<i>Complaints Procedure: A guide for students</i>' does highlight this within the document.</p> <p>Provider 7 provided the Accreditation Auditor with its '<i>Student Handbook 2017-18</i>'. The section on commendations and complaints fails to highlight the right of escalation to the qualifications regulator. The</p> | <p>Low</p> |

| | | |
|-----------------|--|-----|
| | <p>provider informed the Accreditation Auditor that their marketing department has been informed to update the text and introduce a hyperlink to the qualifications regulator within this document.</p> | |
| 6. Principle 13 | <p>The provider-devised <i>Learner Appeals Policy (17/11/2017)</i> and its <i>Reasonable Adjustments and Special Consideration Policy</i> at provider 3, which contain information on appeals, do not state that candidates can escalate a complaint to SQA Accreditation as the qualifications regulator for process review, if not satisfied with the outcome of an appeal to the awarding body.</p> | Low |
| 7. Principle 14 | <p>The provider-devised <i>Malpractice Policy (17/11/2017)</i> at provider 3 given to the Accreditation Auditor did not include appropriate reference to suspected malpractice.</p> | Low |

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. Principle 5 | <p>During the monitoring visits it was clear that at provider 1 and 2 there was a lack of guidance on the use of simulation as outlined in the '<i>Consolidated Assessment Strategy for Construction and the Built Environment</i>' approved by Accreditation Co-ordination Group (ACG) on 3 May 2017 and the '<i>Assessment Strategy, Providing Financial Services SVQ at Levels 2 & 3, January 2013</i>'.</p> <p>SQA should look at having appropriate guidance for providers on the use of simulation.</p> |
| 2. Principle 10 | <p>SQA should remind its providers to ensure that continuous professional development records include evidence of any induction training undertaken by new members of staff carrying out Assessor and Internal Verifier roles.</p> <p>SQA should remind its providers that continuous professional development records for assessors and internal verifiers are kept up to date.</p> |
| 3. Principle 10 | <p>Provider 3 commented that they had received inconsistent advice from qualification verifiers over time with regard to format of provider-devised documentation having to be amended to suit individual qualifications verifiers, rather than the evidence being sufficient to meet the National Occupational Standards.</p> <p>SQA awarding body may wish to consider this feedback when convening standardisation activities for its qualification verifiers.</p> |
| 4. Principle 10 | <p>SQA should remind its qualification verifiers who are verifying SVQs and SVQs within Foundation Apprenticeships to carry out workplace observation of the assessment process and observe the assessment of candidates in the workplace.</p> |
| 5. Principle 15 | <p>Provider 1 and 2 expressed difficulties with the registration and certification process for candidates undertaking Foundation Apprenticeships, highlighting the lack of clear guidance.</p> <p>SQA should consider providing additional support and appropriate registration and certification guidance for Foundation Apprenticeships.</p> |

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 Scottish Qualifications Authority'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 areas of good practice were noted by providers:

Provider 1 highlighted: the benefits of enabling candidates to go from a Foundation Apprenticeship to a Modern Apprenticeship and advised that employer engagement had been very effective.

Provider 2 highlighted: that there were good relationships with the Systems Verifier and that the provider network forums were very useful, providing a platform for open and honest communication.

Provider 3 highlighted that: queries are answered promptly and succinctly by awarding body staff.

Provider 5 highlighted that: qualification verifiers are constructive with feedback and extremely approachable.

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.

During preparation for the provider 1 monitoring visit the accreditation auditors identified that on 4 October 2017 the '*Consolidated Assessment Strategy for Construction and the Built Environment*' (Final Version December 2014) was available on the SQA website, as part of the documentation for the Foundation Apprenticeship in Civil Engineering at SCQF level 6. This is not the current version.

It is noted that there is an updated version of the '*Consolidated Assessment Strategy for Construction and the Built Environment*' which was approved by Accreditation Co-ordination Group (ACG) on 3 May 2017.

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.

As part of the provider 1 monitoring visit, the accreditation auditors reviewed four candidate portfolios to ensure the quality assurance and verification of portfolios were carried out by individuals with the relevant Assessor and Internal Verifier qualifications and occupational expertise requirements.

During the review the accreditation auditors looked at the current curricula vitae and continuous professional development records of assessors and internal verifiers to confirm competence and expertise. The accreditation auditors established that there were examples of candidate portfolios where the candidate's evidence had been internally verified and signed off by an individual who was neither qualified nor working towards a qualification as an Internal Verifier.

The '*Consolidated Assessment Strategy for Construction the Built Environment*' approved by ACG on 3 May 2017 states that 'awarding organisations must ensure that Internal Verifiers:

Hold, or be working towards, a qualification as listed in *Assessing and Assuring Quality of Assessment*, either in the RQF, or the SCQF:

- ◆ Level 4 Award in the Internal Quality Assurance of the Assessment Process and Practice
- ◆ Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Process and Practice
- ◆ an appropriate Internal Verifier qualification as identified by SQA Accreditation or hold one of the following:
 - VI Conduct internal quality assurance of the assessment process
 - D34 Internal verify the assessment process

Holders of V1/D34 must quality assure to the current National Occupational Standards (NOS) for Learning and Development.'

Provider 1 confirmed to the accreditation auditors that the individual did not hold, and was not currently working towards, the appropriate qualification requirements for internal verifiers as specified in the '*Consolidated Assessment Strategy for Construction the Built Environment*' approved by ACG on 3 May 2017.

Both the '*Consolidated Assessment Strategy for Construction and the Built Environment*', approved by Accreditation Co-ordination Group (ACG) on 3 May 2017 and the '*Proskills Assessment Strategy*' approved by ACG on 22 January 2014, specifies the qualifications and occupational expertise requirements for assessors and verifiers.

Provider 6 did not hold the appropriate Assessor/Internal Verifier qualification certificates for one of the four in its assessment team. Though had recorded on a spreadsheet that these certificates had been viewed during the application stage. Neither did provider 7 for six out of 15 of its assessment team as specified in the '*Consolidated Assessment Strategy for Construction the Built Environment*' approved by ACG on 3 May 2017.

The '*Proskills Assessment Strategy*' approved by ACG on 22 January 2014 states that 'Internal Verifiers must:

- ◆ Hold or be working towards an appropriate Internal Verifier qualification as identified by SQA Accreditation the qualifications regulator. Internal Verifiers holding older qualifications must be able to demonstrate that they are verifying to the current standards
- ◆ Carry out their duties in accordance with the current NOS for verification, and in line with current guidance on verification practice issued by the regulatory authorities and the appropriate awarding body
- ◆ Maintain appropriate evidence of development activities to ensure their verification skills and occupational understanding are current (CPD)
- ◆ Have expertise and knowledge of awards and a full understanding of that part of the award for which they have responsibility. The awarding body will confirm this through examination of relevant CVs supported by relevant references
- ◆ Must Maintain records demonstrating how they meet the assessment strategy'

Provider 4 did not maintain records for its Internal Verifier. Therefore, could not demonstrate to the Accreditation Auditors how their Internal Verifier met the assessment strategy requirements specified in the '*Proskills Assessment Strategy*' approved by ACG on 22 January 2014'.

During the review the accreditation auditors looked at current curricula vitae and continuous professional development records of assessors and internal verifiers to confirm competence and expertise. The accreditation auditors established that there were examples of candidate portfolios where the candidate's evidence of competence had been internally verified and signed off by an individual who was neither qualified, nor working towards a qualification, as an Internal Verifier as specified in the '*Consolidated Assessment Strategy for Construction the Built Environment*' approved by ACG on 3 May 2017.

A further three out of seven providers sampled were also unable to demonstrate to the Accreditation Auditor how all their assessment teams met the requirements of the appropriate assessment strategy.

Two of these three providers had undergone recent qualification verification activity but the incomplete records were not highlighted by the qualification verifiers for providers 6 and 7, and provider 4 had not received a qualification verification visit since 30 April 2016.

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

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 auditors reviewed a sample of candidate portfolios whilst carrying out provider monitoring at provider 1. It was established that the candidate portfolios did not contain any evidence of assessor direct observations of activities, yet had been signed off by the Qualification Verifier.

Further discussions with the provider established that the Assessor observations were retained separately from the portfolios and it was confirmed by provider 1 that the Qualification Verifier had not reviewed this evidence as part of their verification sample.

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

The '*Proskills Assessment Strategy*' approved by ACG on 22 January 2014 states 'Third party 'witnesses' must also be competent to make judgements about the activity(ies) for which they are providing the testimony. As the assessment decision lies with the Assessor, it is their responsibility to verify this and, where challenged, to justify their acceptance of third party 'witness testimony' to the Internal Verifier.'

During the monitoring visit, to provider 4 it was apparent that some confusion existed over the understanding of the differences between the role of the Expert Witness and that of an Assessor.

The Accreditation Auditor was supplied with a sample of candidate workbooks. In reviewing these, the Accreditation Auditor noted that the Expert Witness had completed the Assessor feedback section and given this feedback to the candidates and signed off the evidence under the section for the Assessor signature. The Assessor then signed off the evidence under the section for the Internal Verifier signature.

The Accreditation Auditors also observed at provider 2 that the 'witness testimony' documentation contained in candidate portfolios did not include all the details of the expert witness, for example their full name, job role or the date the 'witness testimony' was signed off.

This has been recorded as **Issue 4**.

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

During the provider monitoring visit, the accreditation auditors reviewed provider 2's complaints documentation. This included '*Complaints Policy (QM-2) Issue No 2*' and '*Complaints Procedure: A guide for students*' made available by provider 2.

There is a lack of consistency between both documents regarding escalation in the event that the complainant is dissatisfied with the way the complaint was handled. The '*Complaints Policy (QM-2) Issue No 2*' fails to highlight escalation to the qualifications regulator, SQA Accreditation, whilst the '*Complaints Procedure: A guide for students*' does highlight this within the document.

Provider 7 provided the Accreditation Auditor with its '*Student Handbook 2017–18*'. The section on commendations and complaints fails to highlight the right of escalation to the qualifications regulator. The provider informed the Accreditation Auditor that their marketing department has been informed to update and introduce a hyperlink to the qualifications regulator within this document.

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

Regulatory Principle 13. The awarding body and its providers shall have clear, fair and equitable procedures to manage appeals.

The provider-devised *Learner Appeals Policy* (17/11/2017) and its *Reasonable Adjustments and Special Consideration Policy at provider 3*, which contain information on appeals, do not state that candidates can escalate a complaint to SQA Accreditation as the qualifications regulator for process review, if not satisfied with the outcome of an appeal to the awarding body.

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

Regulatory Principle 14. The awarding body and its providers shall ensure that it has safeguards to prevent and manage cases of malpractice and maladministration.

SQA's *'Guide to Systems Verification for centres 2015–18 (September 2017)'* states that:

- ◆ procedures to include the requirement to report any instances of suspected candidate malpractice in regulated qualifications to the SQA
- ◆ procedures to include the requirement to report all instances of suspected centre malpractice to SQA
- ◆ log of instances of malpractice, or suspected malpractice — or pro forma for this
- ◆ policy contained within candidate induction materials
- ◆ guidance for candidates on avoiding plagiarism, including signed declarations
- ◆ policy and procedure contained in roles and responsibilities and induction materials for assessors and internal verifiers

The provider-devised *'Malpractice Policy'* (17/11/2017) at provider 3 given to the Accreditation Auditor did not include appropriate reference to suspected malpractice.

This has been recorded as **Issue 7**.

2.3 Recommendations

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.

During the monitoring visits it was clear that at providers 1 and 2 there was a lack of guidance on the use of simulation as outlined in the '*Consolidated Assessment Strategy for Construction and the Built Environment*' approved by Accreditation Co-ordination Group (ACG) on 3 May 2017 and the '*Assessment Strategy, Providing Financial Services SVQ at Levels 2 & 3*' January 2013.

This lack of guidance may have contributed to issues being raised at both providers. SQA should look at having appropriate guidance for providers on the use of simulation.

This has been noted as **Recommendation 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.

SQA should remind its providers to ensure that continuous professional development records include evidence of any induction training undertaken by new members of staff carrying out Assessor and Internal Verifier roles.

SQA should remind its providers that continuous professional development records for assessors and internal verifiers are kept up to date.

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

Provider 3 commented that they had received inconsistent advice from qualification verifiers over time with regard to format of provider-devised documentation having to be amended to suit individual qualifications verifiers, rather than the evidence being sufficient to meet the National Occupational Standards.

SQA awarding body may wish to consider this feedback when convening standardisation activities for its qualification verifiers.

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

Provider 1 had been subject to one qualification verification visit since the introduction of the Foundation Apprenticeship. However, there was no evidence that the Qualification Verifier carried out any workplace observation of the assessment process.

Provider 2 was unclear on the process for ensuring that workplace site visits are undertaken to see candidates being assessed by observation. The accreditation auditors advised that the upcoming development visit by the awarding body in Nov/Dec would be a good opportunity to establish this.

In reviewing the previous two qualification verification visit reports for providers 3 and 4, no discussions were recorded with candidates and no observations of assessment noted in the workplace.

SQA should remind qualification verifiers verifying SVQs and SVQs within Foundation Apprenticeships to carry out workplace observation of the assessment process and observe the assessment of candidates in the workplace.

This has been noted as **Recommendation 4**.

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

SQA's '*Important information about Foundation Apprenticeship certificate*' states for candidates to receive a commemorative certificate for their Foundation Apprenticeship, they must be entered and resulted for the mandatory **Foundation Apprenticeship Certification unit (HE6E 04)**. Please note that this unit does not have any contents, as its purpose is to generate the certificate only. By entering and resulting candidates for this unit, the certificate will then automatically be generated once all contributing units and group awards have been achieved and results submitted to SQA.

During the course of the provider monitoring, provider 1 advised the accreditation auditors that they believed that the first cohort of candidates had been entered and resulted for all the appropriate component units and qualifications required for certification of the Foundation Apprenticeship in Civil Engineering at SCQF level 6, but had still to be formally certificated.

However, after further investigation it appears that provider 1 had not resulted the first cohort of candidates for the mandatory Foundation Apprenticeship Certification unit (HE6E 04).

Provider 1 and 2 expressed difficulties with the registration and certification process for candidates undertaking Foundation Apprenticeships, highlighting the lack of clear guidance.

SQA should consider providing additional support and appropriate registration and certification guidance for Foundation Apprenticeships.

This has been noted as **Recommendation 5**.

3 Acceptance of Provider Monitoring Findings

For and on behalf of Scottish
Qualifications Authority:

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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06/06/2018

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