



Federation of Awarding Bodies draft response to the SQA Accreditation Regulatory Principle Review 2020 Consultation

Is there any comment that you would like to make about SQA Accreditation introductory text to the Regulatory Principles document ('About SQA Accreditation' section)?

We have no specific comments on this part of the introductory text.

Is there any comment that you would like to make on our Regulatory Activity introductory text to the Regulatory Principles document ('Regulatory Activity')?

We welcome the new sections on awarding body audits and provider visits as providing transparency on the purpose and requirements of these.

Awarding bodies (ABs) who took part in our consultation event strongly agreed with the statement 'it is for the awarding body to determine what action to take to eliminate or mitigate the issues.' Attendees raised examples of previous audits where SQA Accreditation had overridden AB plans to mitigate or eliminate issues. In some instances, members felt that the 'back and forth' with SQA Accreditation to discuss requests for a change were time consuming but of limited consequence (e.g. changing a single word or statement in a policy).

We would hope that this new clarification in the RPs means that an action plan can be agreed by SQA Accreditation and ABs upfront following an audit and that a considered response from AOs on these points will be accepted. Extensive 'back and forths' between the AB and SQA Accreditation can have a significant impact on resourcing for both parties.

Please find below Regulatory Principle 1 and the supplementary guidance It is effectively the same as the current RPI with some minor changes. Please can you supply us with your views and comments.

We have no specific comments on this RP or the guidance but the overarching comments provided below apply.



Please find below Regulatory Principle 2 and the supplementary guidance. It is effectively the same as the current RP3 with some minor changes. Please can you supply us with your views and comments.

The subtle change to this RP means that it now covers a broader spectrum of business activities. ABs who attended our consultation event noted that this would seem to include risk even though risk is now explicitly included in a new RP. Could the relationship between these two principles be explored further in the guidance? In particular, it would be useful to know where they intersect on risk.

It would be useful to know what SQA Accreditation are looking for in business objectives that consider 'Scotland' in addition to 'SQA qualifications'? Is a separate business plan with objectives required for Scotland or would it be acceptable to cover the United Kingdom as a whole in business planning? ABs consulted on these proposals highlighted previous requests from SQA Accreditation in the past for separate business plans for Scotland and a focus on growing business in Scotland. For some ABs, particularly in the post-COVID world, maintaining business is likely to be a more realistic objective. One attendee reported a previous audit where a decline in learner numbers was flagged when this is not really a regulatory compliance issue. The requirement for separate documentation to cover Scotland is a significant administrative ask, particularly if ABs only have a small number of learners in Scotland. The burden may be deemed too much if ABs only have a small number of learners and centres in Scotland. ABs spoke of considering their learners across the UK and internationally in a holistic manner so working on, for example, specific business plans and marketing materials for Scotland, would not fit with that ethos.

It would be useful to give ABs a clear sense of expectations in terms of what is expected from SQA Accreditation in terms of evidencing business planning (including the level of detail). Organisations of different sizes will have very different levels of resource to work on this.

Generally speaking, ABs felt that this guidance and RP were very nebulous and further detail is required to ensure a clear and consistent understanding of SQA Accreditation's expectations.



Please find below Regulatory Principle 3 and the supplementary guidance. It is effectively the same as the current RP2 with some minor changes. Please can you supply us with your views and comments.

ABs requested more clarity around the human resources section of the guidance. Does SQA Accreditation require full details of the CPD records for all staff in the AB (including contractors/consultants/third parties) and the provider? The idea that managers and directors would need to demonstrate 'relevant sector knowledge' is ambiguous in terms of how it would be evidenced and who it applies to. Would, for example, the IT Director be expected to have in-depth sectoral knowledge? How would this be evidenced? Would staff be asked questions during an audit or are SQA Accreditation looking for evidence of internal staff training or external accreditation on the topic?

What kind of evidence is needed to demonstrate 'funds sufficient to sustain the business'?

We understand that these principles and the guidance were produced some time ago but in the context of the post-COVID switch to widespread working at home, we would like further clarification on what would be deemed 'appropriate office space'.

There was some confusion about how ABs could evidence that they were 'conducting operations ethically' and examples would be useful in illustrating this. If this is about an AB's values, this would be evidenced in RP1.

An AB queried what would constitute 'additional checks' in the bullet point on third parties. Is it expectation that something specific would be implemented over and above usual consultancy agreements?

ABs seek additional clarity on 'all relevant legislation'. Does this relate to Scottish legislation? Many ABs work internationally so is evidence required on this? What is considered 'relevant' here?

ABs noted that it seemed odd to have the same guidance for information about staff at the AB and at the provider. It isn't appropriate or feasible for ABs to actively check in to ensure that all staff CPD records are maintained by providers. Where this is relevant (e.g. for assessors and verified), it is checked by the AB as part of their regular audit activity. Why are providers referenced in brackets in the guidance? Clarification on



this is needed as it is confusing. What staff at a provider are ABs expected to monitor in terms of their CPD and knowledge? It wouldn't be possible or appropriate to do this for all staff.

Please find below Regulatory Principle 4 and the supplementary guidance. This is the proposed NEW RP covering risk. Please can you supply us with your views and comments.

As mentioned in our response about RP2, ABs wanted to better understand in the guidance for this principle how it intersects with principle 2.

ABs had questions about the focus on succession planning and business continuity. We would expect a policy (rather than a very detailed account) on this to be sufficient. Can SQA Accreditation confirm that a policy would be acceptable? Do SQA Accreditation have any specific expectations around succession planning for highly specialist roles? Further detail would be useful and would provide clarity to ABs. Anything that goes beyond regular business practices would potentially be burdensome for ABs to evidence to SQA Accreditation.

Is the reference to 'relevant legislation' here applicable to Scotland or all countries/jurisdictions that an AB operates in?

ABs noted that the risks provided in the guidance were prescriptive and not very tangible. Nothing is included on managing risk in relation to malpractice, for example. We suggest that this guidance is reviewed and appropriate examples are added to support ABs in consistently interpreting the guidance.

Please find below Regulatory Principle 5 and the supplementary guidance. It is effectively the same as the current RP5 with some minor changes. Please can you supply us with your views and comments.

As in several of the revised principles, providers have been added to RP5. Some idea of scope needs to be included in the guidance if the RP stipulates that providers must 'provide clear information on their procedures, products and services.' Only some of these will be relevant to SQA accredited qualifications and anything broader than that would potentially place an unnecessary burden on centres.

We note that ABs and providers are expected to make 'accurate and appropriate reference to SQA accredited qualifications.' What might this look like? Some clear



guidance on expectations (with examples) is required here to ensure consistent interpretation across the board.

Please find below Regulatory Principle 6 and the supplementary guidance. It is effectively the same as the current RP4 with some minor changes. Please can you supply us with your views and comments.

ABs felt that the reference ‘appropriate members of staff’ undertaking performance reviews was strange as staff would only be assigned to this activity if deemed appropriate. If SQA Accreditation has a particular expectation in relation to this, could it be stated?

Generally speaking, more clarity was sought on expectations around reporting (do SQA Accreditation want KPIs reporting and if so, what constitutes a ‘regular’ basis?). Examples and more extensive guidance would usefully clarify what SQA Accreditation’s expectations are on this.

Please find below Regulatory Principle 7 and the supplementary guidance. It is effectively the same as the current RP7 with some minor changes. Please can you supply us with your views and comments.

In the guidance, the need to demonstrate a ‘clear approach to business’ was considered to be very ambiguous. What does it mean? Again, if SQA Accreditation has something in mind as to what they would expect and how it would be evidenced, it would be useful to share this with ABs.

The requirements around the AB needing to understand the role of the regulator also needs to be clarified. Is there an expectation of training for staff, for example? Does the reference to the AB here include all staff and how do SQA Accreditation anticipate that it could be evidenced? It would not be reasonable to expect, for example, a member of the IT team or admin team to understand the work of SQA Accreditation. That knowledge is predominantly held in specific teams within an AB.

ABs were also keen to understand more about what is meant by an AB demonstrating ‘how it promotes SQA accredited qualifications and the role of SQA Accreditation’. Attendees at our consultation event described previous interactions with SQA Accreditation where the AB was told that they were expected to actively promote SQA accredited qualifications and grow their business. This seems to go beyond the typical



scope of regulation. There is no reference in the RP about promoting SQA Accreditation, yet it is included in the guidance. Is it required for regulatory compliance?

If this RP is more focused on referencing and representing SQA Accreditation accurately e.g. on marking materials and websites, it should explicitly say so.

More information is required about expectations for this RP to ensure consistent interpretation by SQA Accreditation and different ABs.

Please find below Regulatory Principle 8 and the supplementary guidance. It is effectively the same as the current RP8, however, some of the key wording in the principle itself has been changed. Please can you supply us with your views and comments.

This is another RP that has been expanded to cover ABs and providers. ABs have no issue with giving SQA Accreditation access to information and expect that information from providers would be obtained at monitoring visits. However, ABs were keen to further understand why the scope of this RP has been expanded – previously just related to information on SQA qualifications but it is now covers all types of ‘information’? It’s essential that guidance is provided on scope, what information is required and why it’s needed so that ABs can support providers in understanding what they might be expected to produce.

Please find below Regulatory Principle 9 and the supplementary guidance. It is effectively the same as the current RP6, however, some of the key wording in the principle itself has been changed. Please can you supply us with your views and comments.

In the guidance for this RP and the other RP discussed above, the notion of ‘relevant legislation’ caused some confusion. Does this relate to Scottish legislation? Is international legislation also included? What would be considered relevant? Further detail on expectations would support consistent interpretation across the board.

ABs were surprised to see version control explicitly mentioned in the guidance when it is just one aspect of good document management practice – ABs will develop an appropriate approach. Should the point be broadened out to reflect this?



What is SQA Accreditation's expectation for evidencing that an AB has maintained staff occupational records? Would this be for educationalists and sector specialists or all staff? What are SQA Accreditation hoping to get from a review of such records? We do have some concerns about the appropriateness of sharing staff records.

Please find below Regulatory Principle 10 and the supplementary guidance. Current RP9 and separated it out into two NEW principles (10 and 11) Please can you supply us with your views and comments.

ABs queried the rationale for this change – are SQA Accreditation looking for anything that goes over and above what was covered by the previous RP?

The first sentence does not sit comfortably with the rest of the guidance – it focuses on qualifications development when the rest covers regulatory activities. We suggest that the guidance is reviewed to ensure clarity and consistency in interpretation.

In paragraph five, is the use of 'credit' a reference to the SCQF credit rating? Please could this be clarified if so?

The fifth bullet point references SQA requirements – could a link to the relevant document be provided?

Further clarification was also requested on when the 'earliest opportunity' for communication on withdrawing accreditation would be.

Please find below Regulatory Principle 11 and the supplementary guidance. Current RP9 and separated it out into two NEW principles (10 and 11) Please can you supply us with your views and comments.

Again, ABs queried the rationale for this change – are SQA Accreditation looking for anything that goes over and above what was covered by the previous RP?

The level of evidence that ABs are expected to provide should be clarified. Are SQA Accreditation satisfied with the information included in an AC2 or are full project implementation plans required? The latter would potentially be burdensome for ABs.



ABs queried whether SQA Accreditation anticipate that the evidence of measuring attributes would be in learning outcomes and assessment criteria? Further detail would be valuable in ensuring consistency in interpretation of the RPs and guidance.

A word seems to be missing the final paragraph. Please review and clarify.

What evidence is being sought in relation to 'being able to establish'? Is it simply about a formal process existing, or does it require evidence that the process is being undertaken? We suggest rewording this as 'ABs should have a clear process for'.

In the second and third bullet points, ABs queries 'who' the qualification is designed by and for. What are SQA Accreditation looking for here and how should it be evidenced?

The use of 'attributes' is different in bullet point seven than above. We suggest that this is amended to ensure consistency.

On the inclusivity point – it is not possible for all assessments to be inclusive to every possible learner 'off the shelf' and this is why special consideration policies exist. Could this be reworded to make this clearer?

In order to avoid overlap with RP 13, we suggest that the twelfth bullet should be more explicitly focused on assessment.

All ABs felt that validity and reliability should be foregrounded by appearing at the top of the guidance – not the bottom.

Please find below Regulatory Principle 12 and the supplementary guidance. Current RP10 and separated it out into two NEW principles (12 and 13) Please can you supply us with your views and comments.

We felt that the RP itself was very wordy and should be revised to ensure consistent interpretation.

ABs queried what the 'functions' are which are described in the principle as key to qualification delivery and assessment. Could this be unpacked in the guidance to ensure consistency in interpretation? Similarly, 'systems' also needs to be clearer – does it relate to more than electronic systems?

The list includes some practices that don't apply to all ABs (e.g. related to exams) so we assume that these are examples only. The guidance would be clearer if it was



more about the processes associated with delivering rather than discrete examples that don't cover all aspects of the process (e.g. what about centre agreements?).

Key personnel are mentioned in the guidance but they are covered in RP1.

What does 'locations of assessment' mean?

DCS is mentioned and this is an area where changes have been introduced in England. Is it fair/appropriate to deliver differently in England and Scotland?

Please find below Regulatory Principle 13 supplementary guidance. Current RP10 and separated it out into two NEW principles (12 and 13) Please can you supply us with your views and comments.

ABs queried the rationale for this change – what are SQA Accreditation looking for that goes over and above what was covered by the previous RP?

ABs queried whether this applies only to instances where they haven't developed a qualification. If this is correct, please make this clear in the guidance.

There is some overlap with other guidance here – bullet point 9 is covered in RP3 and staff are covered in RP1.

Please find below Regulatory Principle 14 and the supplementary guidance. It is effectively the same as the current RP11, however, some of the key wording in the principle itself has been changed. Please can you supply us with your views and comments.

The first bullet point of the guidance simply repeats the statement in the RP – is it necessary?

The third bullet is covered in RP12 so may be superfluous.

Does 'vulnerable to discrimination' refer to protected characteristics? If so, changing the terminology would bring this closer into line with the UK's other regulatory frameworks.



This guidance seems to be focused on processes when we feel that it should be grounded in actual practices. A process may sit on a shelf and never be enacted whereas behaviours are key here.

Please find below Regulatory Principle 15 and the supplementary guidance. The current RP15 has been separated it out into two NEW principles one for registration and one for certification (15 and 16) Please can you supply us with your views and comments.

This RP raised the most concern from ABs. What are SQA Accreditation's expectations around learners being 'contactable'? ABs do not routinely hold learner contact details – this is done via the centre. Asking ABs to do this would lead to a disproportionate amount of data handling and associated risk when it is highly unlikely that they would ever need to directly contact a learner. This is an unusual ask in the context of UK regulation as it is acknowledged by the other regulators that centres communicate with ABs on behalf of students. As this is a significant ask, which is not required by the other UK regulators, it could be a reason for an AB deciding to pull out of SQA accreditation.

ABs found the third paragraph of the guidance to be confusing. Two seemingly quite different statements are linked (on retaining learner data and considering whether the learner will complete). We suggest that this needs to be unpacked further to ensure consistent interpretation.

Please find below Regulatory Principle 16 and the supplementary guidance. The current RP15 has been separated it out into two NEW principles one for registration and one for certification (15 and 16) Please can you supply us with your views and comments.

We have no specific comments on this RP or the guidance but the overarching comments provided below apply.

Please find below Regulatory Principle 17 and the supplementary guidance. It is effectively the same as the current RP12 with some minor changes. Please can you supply us with your views and comments.

We have no specific comments on this RP or the guidance but the overarching comments provided below apply.



Please find below Regulatory Principle 18 and the supplementary guidance. It is effectively the same as the current RPI3 with some minor changes. Please can you supply us with your views and comments.

We have no specific comments on this RP or the guidance but the overarching comments provided below apply.

Please find below Regulatory Principle 19 and the supplementary guidance. It is effectively the same as the current RPI4 with some minor changes. Please can you supply us with your views and comments.

ABs queried some of the terminology used in reference to malpractice. Is 'discovered' the right word? 'Occur' would be more appropriate.

The guidance suggests that SQA Accreditation want to be alerted whenever malpractice is suspected and this is inconsistent with the approaches taken by other regulators as well as being very burdensome. We suggest that ABs are trusted to review potential malpractice and escalate to SQA Accreditation at the appropriate time.

The guidance conflates 'proven' and 'suspected' malpractice – the final bullet point suggests you can prevent suspected malpractice. We suggest that this is clarified.

Do you have any other comments or views that you would like to raise about the proposed changes?

The Federation of Awarding Bodies welcomes the opportunity to review the revised RPs and held a consultation event with members of our Regulatory Impact Group and other ABs regulated by SQA Accreditation (18 attendees) in October 2020 to discuss the proposals. Following this meeting, a draft response was shared with all members and feedback was gathered and reviewed before submission of the final version. We would be happy to discuss our feedback further.

The following comments relate to all the RPs and the guidance provided.

Throughout the draft RP document, the word 'must' is used in the principle to show what ABs/providers are expected to do yet the word 'should' is used in the guidance.



We suggest that this is amended so that there is consistency between the guidance and the principles.

ABs struggled with the 'wordiness' of some of the principles. We feel that they should be reviewed to improve clarity and remove subjectivity to ensure consistent interpretation of the principles between SQA Accreditation, ABs and providers.

There is a notable overlap between some principles e.g. RP 2 and 4. Is this intentional? If it is and SQA Accreditation expect ABs to provide cross-cutting evidence, further guidance is required on how they would do this.

ABs felt very strongly about the suggestion that they must gather contact details for all learners. This is not standard practice across the regulators and is fraught with challenges around data handling. We cannot support.

Where providers have been added into the RPs, we ask that SQA Accreditation think about what they are specifically looking for so that ABs and SQA Accreditation can explain this to providers and avoid confusion during an audit.

Overall, we hope that this revised approach to regulation will further a positive relationship between SQA Accreditation and ABs. We ask that the requirements and approaches adopted by other regulators in the UK are considered when finalising revisions to enhance the flexibility of the SQA Accreditation approach and its parity with CCEA Regulation, Ofqual and Qualifications Wales' regulations.