



# P . A . B

**Professional Accreditation Body**

## **PAB ACCREDITATION, MONITORING AND AUDIT POLICY**

### **1. Purpose**

The purpose of this policy is to inform SAQA of the policy, practice and process of ensuring quality provision through the accreditation, monitoring, auditing interventions of providers with PAB.

The legal basis guiding the PAB in the process is the ETQA Regulations (R1127), Section 2(1), stipulation that an ETQA “shall be accredited for the purpose of monitoring and auditing achievements in terms of national standards or qualifications”.

PAB therefore acknowledges its duty to accredit, monitor and audit providers as per the requirements of the South African Qualifications Authority.

The accreditation, monitoring and audit intervention must encourage and enhance provider inclusion and development, not exclusion. The process must be inclusive and developmental. However, the PAB must guard that it does not take on the role of the provider and thereby quality assuring its own work in the process of building provider capacity and providing advice and guidance. This must be clearly understood by providers especially when it comes to assistance providers can expect from PAB.

The purpose of the report/ feedback issued to providers after each intervention is to request specific information from the provider. During the accreditation, monitoring and audit intervention, the ETQA will guide the provider through the specific requirements required to obtain full accreditation. Forums to discuss the interventions (process, information required etc), may be done at a National Workshop, Regional Forum, through Face-to-Face appointments at the PAB office or on the day of the intervention.

The overall aim of the cycle of events leading to the final accreditation of a provider is to confirm compliance to criteria first, thereafter to identify options of development and continuous improvement.

The implementation phase of policies and procedures as well as a physical check of equipment and resources that demonstrate conformance is verified during the audit intervention.

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The accreditation, monitoring and audit reports will include:

- General information on the provider
- Details of the ETQA staff or governance involved in the generation of the reports
- Contact information and legal status of the provider
- Areas of good practice
- Descriptors and indicators for outstanding requirements identified
- Procedure and process flow for quality assurance interventions
- Detail of the criterion checked
- A due date for the submission of the outstanding requirements

## **2. Review and verification of the documented evidence**

The information required must be submitted in written or electronic format to the PAB in order for the ETQA to monitor and verify the progress the provider has made towards meeting the criteria towards full accreditation. The accreditation, monitoring and audit intervention should indicate areas of weakness, good practice and the progress in addressing the areas of concern or outstanding requirements. During the accreditation and verification stage project plans will be acceptable.

Two copies of the documented evidence must reach the PAB within two weeks of the intervention. One of the copies may be electronic or in the form of a CD /DVD, this would assist both parties in keeping the paper war to a minimum. Evidence gathered must be valid, accurate, sufficient, current etc. Submitted documentation will not be returned to the provider and will remain at the PAB office as part of the provider evidence submitted.

The ETQA reviews the documented evidence supplied by the provider. The evidence is reviewed against the criteria indicated for the intervention and a determination is made in regards to how the evidence addresses each element.

The submitted sample of evidence may be supplemented by current data and historic data submitted by the provider on file at the PAB office. The ETQA may take into consideration the previous in interventions' compliance recommendations.

The “Quality Assurance report” is signed by the ETQA and is sent out as “Draft Quality Assurance report” after each intervention to the provider via fax or e-mail.

The provider has 10 (ten) working days to respond to the draft report. The draft becomes final on the 11<sup>th</sup> (eleventh) day of transmission to the provider.

The each previous report will be used during the next intervention to determine whether the provider has changed or amended their processes according to the recommendations of PAB.

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The range of actions subsequent to an intervention may include:

- Attention to appeals lodged in view of the report, the process or any related aspect of the intervention
- Acceptance of supplementary documents
- Dialogue with the provider to assist in clarifying any queries around the outstanding requirements.
- Additional intervention which may include an additional site visit at the cost of the provider
- Extension of the time in which the provider must partake in the specified intervention by mutual agreement and within a reasonable time
- Affirmation of the intervention

### **3. Objective of the accreditation, monitoring and audit report**

The intention of the report is to present a clear, concise discussion on the areas of good practice and set out the descriptors and indicators for outstanding requirements identified in the report.

Since timeous, quality information is fundamental to decision-making, the goal of the intervention is to generate information that is useful, with tools that are user-friendly.

The outcome of the report should motivate analysis of the performance expected from providers. The providers should cross-check and verify the information contained within the report on an on-going basis.

The primary objective of the intervention is to learn. The exercise, in which PAB investigates all providers nationally, produces both quantitative and qualitative information. PAB can then make assessments of the impact of both policy and procedures. These reports should prove useful to providers as they introduce fresh perspectives, while at the same time reinforcing existing requirements within the education and training system.

Specific items from the reports will be channeled to relevant forums within the ETQA for action.

As a result of the reports, the PAB has greater insight into implementation issues such as:

- provider arrangements
- the workings of the providers
- learner relations
- staff selection
- the participation in the NQF
- the general problems experienced within the sector

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- sustainability
- planning processes
- systems put in place to assure the quality of services
- learning processes
- competence and resources
- assessment of learning
- learning opportunities
- assessment by external bodies (examinations and qualification awarding bodies)
- RPL practices
- degree of access, mobility, progression and redress

#### **4. Assessing impact / assuring quality through accreditation, monitoring and audit interventions**

The PAB wishes to strengthen the interventions to ensure that the objectives of the NQF and individual providers are being met and quality assurance mechanisms are in place across the sector.

As PAB implements the accreditation, monitoring and audit framework we will build on the existing PAB review process, and the current guidelines to accreditation.

Our objective is to work with providers and to assist in building the capacity of the providers. We are committed to developing a system that draws on all the accreditation, monitoring data already gathered and provide a holistic perspective on the work of the PAB.

We intend that the accreditation, monitoring and audit framework of the PAB will be an aid to improving the quality of teaching and learning provision.

It is essential that we are able to measure the impact of PAB quality assurance procedures at both National and International levels.

We know that initially providers will have different levels of data available but the process should provide assistance to providers to develop approaches.

The initial intervention process allowed for the development of the new system and made provision for an extended period (spanning three years) to demonstrate compliance - this included an interim review and accreditation visit (2002), interim review and monitoring visit (2003), final review and audit visit (2004) for all providers backed up by documented evidence. Some monitoring interventions were still negotiated for 2005. In 2006, PAB conducted final verification visits and this intervention signalled the end of the system development phase.

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All new providers applying for accreditation will be required to complete step 1-2 of the process within one year and conclude step 3 by March of the following year.

### **5. Outline of process: Step 1-3**

Step 1 is essentially paper based, although providers are invited to schedule appointments at the PAB office if more guidance and assistance is required. Step 2 will allow for two, one day site based visits to be scheduled, per provider where a physical check of equipment and resources (1<sup>st</sup> site audit) as well as the implementation phase of policies and procedures (2<sup>nd</sup> audit) will be done respectively. The site based intervention will mostly be allocated between January and March of the new academic year. Step 3 involves the monitoring of all quality assurance procedures.

The total process therefore includes opportunity to look back and look forward and is made up of three elements:

#### **Step 1: Paper based application for accreditation**

Provider applies for accreditation by submitting:

- A provider application form.
- A signed mandate letter.
- The documented evidence that corresponds with the audit checklist.
- A signed development plan for areas of non-compliance.

PAB then sends the provider an audit report of the above mentioned evidence that was submitted. PAB and the provider then agree on a monitoring schedule and the due dates for new or additional submission of all non-compliance areas by the provider.

#### **Step 2: Site audit and verification for accreditation**

PAB conducts a site inspection to verify that all equipment, as well as the venue is up to standard and in compliance with the relevant examining bodies. After a successful site audit and full submission the provider receives provisional accreditation.

Verification takes place +/- one year after provisional accreditation has been achieved. The following verification procedures take place:

- PAB sends the provider the verification checklist with supporting documents.
- PAB and the provider then agree on a date for the on-site verification.
- PAB will grant the provider three months to adhere to any outstanding criteria (if applicable).

*NOTE: An additional site visit may be conducted to verify the gaps are closed at the cost of the provider.*

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After successful completion of the verification audit, full accreditation is awarded and a certificate is issued. This certificate is valid for a period of three years after which the accreditation status of the provider will be re-evaluated by means of a monitoring site audit and an external moderation audit.

Providers are reminded to view the PAB schedule and operational plan for interventions as published on our website [www.pab.org.za](http://www.pab.org.za)

### **Step 3: Monitoring and External Moderation**

#### *Monitoring*

PAB monitors providers against the agreed monitoring tool one year after the verification audit has taken place. This will involve an extensive inspection of the implementation of quality assurance procedures and cycles.

If the provider successfully meets all the criteria of the monitoring intervention, as stipulated by the monitoring tool, the provider will remain fully accredited and will only receive the next monitoring intervention after a period of two years. Should the provider not meet the criteria stipulated for a monitoring intervention, a three month period will be allowed to rectify outstanding criteria. Should the provider fail to comply after this period a monitoring intervention will be scheduled for the following year and the provider will become provisionally accredited until a successful intervention has been completed.

#### *External Moderation*

External Moderation takes place one year after a successful verification. During external Moderation PAB does a full inspection of Assessment and Moderation procedures. All Policies and Procedures relating to assessments will be inspected.

If the provider successfully meets all the criteria of the external moderation, as stipulated by the external moderation tool, the provider will remain fully accredited and will only receive the next external moderation intervention after a period of two years. Should the provider not meet the criteria stipulated for an external moderation, a three month period will be allowed to rectify outstanding criteria. Should the provider fail to comply after this period an external moderation will be scheduled for the following year and the provider will become provisionally accredited until a successful intervention has been completed.

During 2009 Monitoring interventions will be integrated with the External Moderation site visits, this is to save on costs for both the provider and PAB. The External Moderation and Monitoring tool will be split into two separate tools during the next review, Nov 2009.

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## **6. Activities during site audit and verification for accreditation interventions**

- Site audit and verification for accreditation interventions, may include the following components in addition to the checklist criteria:
  - interviews with staff responsible for the administration and provision of education and training services;
  - interviews with learners;
  - where applicable and practicable, observation of the delivery of education and training;
  - where applicable, a review of the status of any corrective action plans for any previously identified deficiencies or issues arising from appeals.
- All site audit and verification for accreditation interventions will be based upon the criteria as contained in the PAB checklist, policies and procedures and other applicable regulations and NQF principles.
- All site audit and verification for accreditation interventions may include a comprehensive review of all provider records and related documentation.
- Participation of another ETQA or relevant body (as specified in a MoU or Co-operative agreement) will be allowed where appropriate and the intervention is performed in conjunction with the approval of the PAB and SAQA if the case is to avoid unnecessary duplication of auditing procedures;
- Results of the site audit and verification for accreditation interventions shall be published on the PAB website in the form of an accreditation status. The finding and feedback of the site audit and verification for accreditation intervention shall be discussed with the provider on the day of the intervention and signed off by both parties.

## **7. Measuring quality**

Improving providers' knowledge about the NQF is not enough to achieve better quality education and training for learners.

Knowledge of providers' understanding of the NQF can be assessed through discussions, interviews, documents submitted and correspondence with the ETQA.

Competence within the NQF is knowing how quality assurance is properly implemented and this can also be evaluated through the review of providers' reports.

Performance can be measured when providers are quality assured for delivery of learning, achievements of learners and the retention rate of learners.

At the apex of the PAB quality assurance pyramid is behaviour - what a provider makes with the interventions from PAB.

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So far accreditation and monitoring interventions have been conducted and a sample of the findings will be analyzed at the conclusion of the audit intervention. The accreditation and monitoring interventions at best measure competence. Certainly competence has proven to be a prerequisite of performance, so in this sense that the accreditation and monitoring interventions are useful for identifying weaknesses and providing remedial guidance.

What the accreditation and monitoring interventions cannot do in the absence of an audit intervention, however, is provide evidence of the extent to which competence implies performance.

### **8. PAB Knowledge-Practice of the NQF Pyramid**



### **9. Internal review**

- ETQA staff may be asked to comment on and provide evidence of impact in terms of:
  - Participation in the of activities & completion of interventions
  - Impact on learning
  - Knowledge and understanding of providers
  - The implications and applications of intervention outcomes for providers
  - Impact on providers, learners, assessors, moderators, facilitators, assessment houses etc.
  - Changed practice – providers, learners, assessors, moderators, facilitators, assessment houses etc.
  - Practices have been developed / changed as a result of the PAB interventions
- In assessing impact the PAB may investigate:

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- § Management and leadership of PAB – the role of the ETQA manager / the role of the Accreditation and Audit officer etc.
- § Pedagogy and assessment – what was delivered / how / feedback / indicators of success
- § Research of the PAB processes
- § Human and physical resources of PAB
- § Access – timing / location / targeted groups
- § Context – SWOT analysis of interventions that might either strengthen or undermine the process

## **Sample questions for the PAB Internal review**

### **SECTION ONE: REVIEW**

- Has PAB achieved the aims and objectives and met the targets outlined in the PAB policy documents?
- Which areas are identified as good practice or poor performance? How can these areas be improved?
- What has had the greatest impact and what have been the gains for providers, learners, assessors, moderators, facilitators, assessment houses etc.

### **SECTION TWO: SUPPORTING EVIDENCE**

- What is the evidence for these gains / achievement?
- What are the gaps in the evidence?
- What more does PAB need to do to ensure that evidence is collected and used to inform ongoing developments during the period and the future development of the Health and Skincare Therapy sector?
- What have been the disappointments?
- What is the evidence for these?
- What action could PAB have taken during the period to minimize this?
- How might this evidence be used to inform the future development of the sector?

### **SECTION THREE: FORWARD PLANNING**

The outcome of this will be a development plan for the coming year within a broad three year development span.

- What are the key targets for next year and how do these build on the function of PAB?
- What are the success criteria for these targets and what evidence will the PAB need to collect to demonstrate that PAB target/s have been met?
- What specific support does the ETQA need to achieve this?
- What specific support does the PAB need to develop further?

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- What results does the PAB require this time next year about the impact of the PAB in the field of Health and Skincare Therapy?
- What does PAB want key stakeholders to be saying this time next year?

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