Guide to Systems Approval for Systems Approvers 2015–18

Change log for July 2016, February 2017

Page 17, Criterion 1.3, Evidence required in advance of the approval visit	Changed to: 'Procedures or roles and responsibilities specifying that information is required on any of the changes listed above'.
Page 17, Criterion 1.4, Further information	Second paragraph, last sentence, changed to: 'As a minimum, these must include…'
Page 18, Criterion 1.5, Specific requirements	Updated definition of centre malpractice in internal assessment — including maladministration and non-compliance. February 2017 – further update to definition
Page 19, Criterion 1.5, Evidence required in advance of the approval visit	Changed to: '*Documented* malpractice policy and procedure, *covering both candidate and centre malpractice, including definitions in line with SQA definitions'.*
Page 22, Management of a Centre: Additional sources of guidance	February 2017: Link to former malpractice guide replaced with link new document Malpractice: Information for Centres.
Page 25, Criterion 2.5, Further information	First sentence changed to: 'If centres intend to use satellite assessment sites (as defined above), then they must provide *documentation that they will use to records checks on* the suitability of assessment sites. Access for SQA staff must be included in this'. Second paragraph changed to: '*Guidance on use of assessment sites owned by other organisations* is available on SQA's website. *This includes exemplar site checklists, which centres can use in their entirety, or use to ensure that their own documentation incorporates all the issues required by SQA*'. Deleted: 'Centres can use this or their own version'.
Page 25, Criterion 2.5, Evidence required in advance of the approval visit	Second bullet point changed to: 'completed site selection checklists, *or other documentation covering the same points (if applicable)*'.

Page 25, Resources: Additional sources of guidance	February 2017: Link added to 'Guidance on use of assessment sites owned by other organisations', including exemplar checklists.
Page 27, Criteria numbering	Corrected to: Criteria *3.2* and *3.3* are under Qualification Approval, Part B.

Criterion *3.4*: Policies and procedures must give SQA candidates equal opportunities for assessment. |
Page 27, Criterion 3.4, Rationale for criterion inclusion	Second paragraph, last sentence added: 'All the protected characteristics must be covered in the centres policy'.
Page 29, Criterion 3.6, Specific requirements	Third bullet added: 'Centres which are public services in Scotland must also include in their procedures information for candidates on escalating complaints to the Scottish Public Service Ombudsman, about issues other than assessment-related matters'.
Page 29, Criterion 3.6, Further information	Last paragraph, sentence added: 'This information should be included in centres' procedures'.
Page 34, Criterion 4.7, Specific requirements	First paragraph changed to: '*For HN, NC, NPA and NQ units (not part of new Nationals or Awards),* centres are required to retain candidate assessment evidence for three weeks after the candidate unit completion date the centre has notified to SQA.

Added: 'For SVQs, other regulated qualifications and Skills for Work courses, centres are required to retain candidate assessment evidence for three weeks after the candidate group award completion date the centre has notified to SQA'.

February 2017, fifth paragraph: Last sentence changed to: "In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for *six* years after the case and any appeal has been heard".
Sentence added: "If the centre is any doubt about whether criminal or civil proceedings will take place, it should keep records for the full six year period". |

Page 36, Internal assessment and verification, Additional sources of guidance	February 2017 – new link added to updated table of retention requirements for candidate assessment evidence. Link to new malpractice guide added.
Page 39, External assessment, Additional sources of guidance	February 2017 – Malpractice: Information for Centres added, with link to the new document, which also covers candidate and centre malpractice in external assessment.
Page 40, Criterion 6.1, Specific requirements	First bullet changed to: 'Candidates' home addresses must be used, other than in *reasonable* circumstances (eg if the candidate does not have a home address). If the centre changes the address to receive the certificates, they *should* reinstate the candidates' home addresses immediately upon receipt of the certificates'.
Page 44, Criterion 6.4, Specific requirements	Last sentence added: 'Centres delivering Ofqual regulated qualifications must retain assessment records for 3 years'. February 2017: Last sentence changed to: "In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for six years after the case and any appeal has been heard". Sentence added: "If the centre is any doubt about whether criminal or civil proceedings will take place, it should keep records for the full six year period".
Page 45, Data management, Additional sources of guidance	February 2017 – new link added to table of retention requirements for assessment records. Link to new malpractice guide added

Contents

Introduction

Systems approval is the process by which SQA ensure potential centres have the management structure and quality assurance systems to support the assessment and internal verification of SQA qualifications.

This guidance has primarily been developed to support SQA staff and appointees who are responsible for carrying out systems approval — Quality Enhancement Managers (QEMs) or Systems Approvers (SAs) — as they prepare for, plan, conduct and report on systems approval visits. For ease of reference they will often be referred to as SAs throughout this publication.

It has been developed as a reference resource for those who are new to systems approval and those who are already established in the systems approval role.

Structure of guidance

Part A of the guidance has been developed in five main sections, mirroring the stages of the systems approval process (see the flowchart on the next page).

Part B provides guidance on the evidence required for systems approval, cross-referenced to SQA's Quality Assurance Criteria. Following the principle of transparency, this information is also available in the guide for organisations seeking approval to become an SQA centre.

Essential and additional information

The guidance has been developed as a reference source. Therefore, it focuses essentially on core systems approval procedures, practice and associated guidance. More information is provided in the form of web links.

The main stages of the systems approval visit process

The systems approval visit process comprises five main stages:

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│     Prepare for approval visit   │
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                ▼
┌─────────────────────────────────┐
│      Plan for approval visit     │
└─────────────────────────────────┘
                ▼
┌─────────────────────────────────┐
│      Carry out approval visit    │
└─────────────────────────────────┘
                ▼
┌─────────────────────────────────┐
│   Communicate approval decision  │
└─────────────────────────────────┘
                ▼
┌─────────────────────────────────┐
│   Complete approval visit report │
└─────────────────────────────────┘
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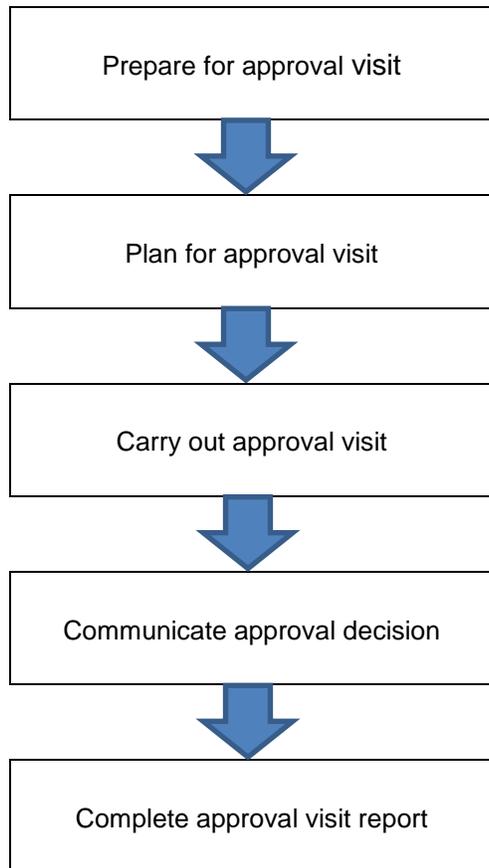
The above stages have been used as section headings for this guidance document.

Part A: Systems approval visit process

1 Prepare for systems approval

The first section of this guidance document focuses on:

♦ preparation for the Systems Approver role
♦ sources of support
♦ essential information
♦ being well-informed
♦ introducing SQA's values

Preparation for the Systems Approver role

Your responsibilities commence when you accept the role of Systems Approver (SA) with SQA. You will of course be given appropriate support in assisting you to develop into this role.

As part of your responsibilities you are required to have an in-depth understanding of all documentation, duties, tasks and procedures associated with systems approval.

As a new SA, this understanding will come from a combination of:

♦ induction training
♦ field support (eg accompanied visits)
♦ self-research/study
♦ ongoing SQA staff support
♦ QEM/Colleague support
♦ participating in standardisation meetings with SA colleagues
♦ quality assurance web pages
♦ SQA's quality assurance appointee web pages

All SAs have a duty to maintain an up-to-date understanding of systems approval. SQA has a policy and procedures on maintaining continuing professional development (CPD) and recording it (this is a contractual requirement). Systems Approvers who are appointees can find the CPD record pro forma on SQA's appointee management website.

Sources of support

As a Systems Approver, you are required to maintain a comprehensive working knowledge of all systems approval procedures and associated documentation. This guidance document will provide you with a firm foundation of knowledge but at times you may need to access more information.

Source of support	Nature of support
Approval and Systems Verification (ASV) Contact details: Tel: 0345 213 5347 E-mail: asv@sqa.org.uk	Template forms, information about systems approval arrangements.
Quality Enhancement Managers SAs will be given contact details for their QEM mentors	Information and advice relating to the systems requirements for approved centres and arranging and conducting approval visits. Checking and approving SA appointees' approval reports.
Business Development Managers Contact details: Tel: 0303 333 0330 E-mail: mycentre@sqa.org.uk	Information relating to specific centre approval queries

Essential information

This first stage of systems approval is concerned with the preparation you need to make prior to carrying out systems approval visits to help ensure they run as smoothly as possible. Possessing the right type of information at this stage is essential in enabling you to function fully in your role.

The following information is considered essential.

♦ SQA's Quality Assurance Criteria: requirements and guidance — Part B of this document
♦ The Appeals Process: Information for centres
♦ Assessment arrangements guidance
♦ Systems and Qualification Approval Guide for Centres
♦ Guide to Assessment
♦ Internal Verification: A Guide for Centres offering SQA Qualifications
♦ Policy and procedures for dealing with malpractice in internally assessed qualifications: Information for centres
♦ Quality assurance web pages
♦ QA appointee web pages

Being well-informed

The above information will help support you in your systems approval duties. Accessing information is one thing but understanding and applying it makes all the difference as centres:

♦ want feedback which adds value

♦ like to feel that the information and advice they are being given is accurate, up to date and consistent across all centres

♦ want to be treated fairly and consistently by each SA they deal with

Well-informed SAs tend to be more confident because they feel:

♦ assured that the advice and support they are giving is correct and up to date

♦ secure in the knowledge that their decisions and feedback are based on known SQA policy/procedures

It is important and of benefit to you to keep up to date with ongoing developments with SQA's quality assurance. These may be in the form of SQA website updates, e-mail updates sent out from the Approval and Systems Verification (ASV) section of SQA, and direct communication from the Quality Enhancement Managers who act as mentors to SA appointees.

Introducing SQA's values

SQA realises the importance of gaining the commitment of its staff and appointees in carrying out the Systems Approver role. The role demands a high level of skill, knowledge and consistency which can only be achieved if each Systems Approver willingly performs to the best of their ability.

Commitment starts with a sharing of the same set of values. SQA's corporate values are:

♦ Trusted — We follow agreed procedures and are open and honest in our communications

♦ Progressive — We view new and unfamiliar approaches with an open mind, whilst ensuring quality is maintained

♦ Enabling — We work in partnership with SQA centres to achieve common goals of excellence and consistency

This section in summary

There is a shared responsibility between yourself as a Systems Approver and SQA to ensure you are prepared to undertake your role.

SQA will train you and then keep you up to date with systems approval policies and procedures via information on its web pages, periodic e-mailed updates and through providing opportunities for discussion through standardisation meetings.

You have a responsibility to prepare yourself as a Systems Approver to carry out your role. This is an ongoing responsibility and as systems approval procedures continue to evolve, there are always aspects of your professional practice that require development. Good CPD planning can assist with this process. It is your responsibility to operate in line with SQA's values.

2 Plan systems approval visits

Visit planning — steps and procedures

Thorough planning allows you to gather important information prior to a visit, helping you formulate an informed approach for each potential centre you have been requested to visit.

The following table outlines the steps associated with planning a visit. Some of the steps may happen at the same time or very close to one another – the most important point being that steps are not omitted as each step serves an essential quality assurance purpose.

Approval visit planning steps and procedures

Step	Procedure
1. Accept/decline allocation from SQA	Accept or decline the centre allocation within 3 days of receiving the e-mailed allocation from SQA. If 'accepting' allocation, go to step 2.
2. Contact centre and agree visit arrangements	Contact the SQA Co-ordinator in the centre within 5 days of receiving the allocation from SQA. (Review the application and associated files sent to you by e-mail from SQA before you contact the centre — to inform your discussions). Propose suggested visit date(s) to the centre. Agree visit arrangements with centre Keep a log/record of all communication with the centre.
3. Confirm approval arrangements	Confirm the arrangements you have agreed with the centre in an Approval Visit Plan and e-mail it to them. Advise ASV team of confirmed visit date by copying them into the Visit Plan. SA appointees should also inform the QEM who acts as their mentor of the visit date, by copying them into the Visit Plan, so the QEM knows when to expect the approval report to check and approve.

3 Carry out systems approval visits

Prior to the approval visit

Explore all evidence sources: The approval application

You will be sent, by ASV, the potential centre's Approval Application Form, with all supporting documentation providing evidence in relation to SQA's requirements for systems approval against all the Quality Assurance Criteria. You will also be sent the Approval Report Form you will complete after the visit.

The type of evidence required to make a successful submission is detailed in Part B of this document and, for centres, in SQA's *Systems and Qualification Approval Guide*. **It is important that you refer to these documents to ensure you have an up-to-date knowledge of SQA's approval requirements.**

You must examine all the evidence prior to visiting the potential centre, so that you have a clear view of which criteria are met through the documentation provided and where you have further questions.

The potential centre should make clear in its application which documents relate to each criterion, but sometimes evidence sources will be less obvious/clearly stated. You may not immediately recognise evidence sources because the centre is using different names for documentation that serves the same purpose. It is therefore important not to make assumptions about evidence that initially appears to be lacking.

You should record the findings of your review of the documentary evidence on the Approval Report Form against each criterion, and further questions you need to ask the centre, as an aide memoire for use during the visit.

You might find it useful to refer to the organisation's website, for background information.

The approval visit

Confirm thoughts/ask questions

Once all evidence sources have been explored, you may have a number of things you wish to ask questions about or confirm with the centre at the visit.

Centre discussions are an important part of the approval process. They help you as an approver to understand the context of the approval application and can help identify unstated and/or alternative evidence to support the centre's application.

4 Communicate the approval decision

Making an approval recommendation

Before making an approval recommendation, it is essential you weigh up all the available information. It is important to bear in mind when doing this that you are judging the centre's potential in terms of its management structure and quality assurance systems to support the assessment and internal verification of SQA qualifications. This means taking a balanced approach, neither accepting less nor requiring more than that stated in the evidence requirements stated in Part B of this guidance document.

Providing verbal feedback to the potential centre

The following points outline the stages associated with planning your feedback and then communicating to centre staff what you intend to recommend to SQA.

It is important that feedback is given in a place where it cannot be overheard by those not directly involved in the visit. Confidentiality must be a prime consideration.

You can make one of two recommendations:

♦ Recommendation for approval
♦ Recommendation for non-approval

Systems approvers who are appointees must send their draft report to a Quality Enhancement Manager, who will consider their recommendation and confirm a decision to ASV. This should be made clear to the centre in the verbal feedback.

Recommendation for approval means that the centre has met all of SQA's approval requirements. Your recommendation for approval may also include further recommendations to enhance the centre's systems.

A recommendation for non-approval essentially means that one or more of SQA's requirements has not been met. In this situation, the centre will have to re-submit another Application Form to SQA.

Where a recommendation of non-approval has been given, you must agree an appropriate Action Point(s) with the centre to enable them to eventually gain approval. The agreement of and writing of action points is covered under *Completing the Approval Report.*

It is important that the feedback given to centre staff covers positive comments relating to the Quality Assurance Criteria you felt were fully met. Comments relating to recommendations should be given if you feel there is scope for enhancing the centre's proposed arrangements. It should be noted that centres do not have to act on these types of recommendations.

Where you feel there is insufficient evidence, you should inform the centre specifically of what you consider the shortfall to be and how they can address it when they submit a further Application Form to SQA.

It is recommended that some time is taken between making your decision and delivering feedback. Well-structured and balanced feedback is more likely to be better understood, have more of an impact and more likely to be received in the way that it is meant if it has been thought through and can be justified.

No specific guidance can be given on the time that should be given to the provision of feedback. However, there is generally a recognition that time spent on this phase is time well spent if the efforts of all concerned are to be given the appropriate level of importance and value.

There is an investment in time and effort by:

♦ each centre in reaching the point of providing you with all of the documentation for your visit
♦ you in terms of organising the visit, planning it, conducting it, and writing up reports
♦ SQA in terms of coordinating the approval process

The investments by all concerned culminate in the outcome of the approval visit, therefore the communication of the visit outcome, carried in the detail and quality of the feedback you provide, is of vital importance to SQA and its centres for each visit carried out.

Centre staff should be encouraged to ask questions to clarify any points during this period of communication.

In some instances centres may challenge your recommendation. This only happens on rare occasions, but if it does, it is important that you can give the centre a clear rationale for the decision you have made.

Appeals

Should any of the centres you visit remain unhappy with the approval decision you are recommending, centres have the right to appeal. Where you suspect this might be the case, you should advise the centre that they have this right and provide them with information on how to access SQA's Appeals Procedure on the SQA's website:

The Appeals process: Information for centres (published April 2015)

5 Complete the Systems Approval Report

This last section covers general guidance on completing the approval report. It does not go into detail as to how each section of the report should be completed.

The report content should match your feedback

Quality Enhancement Managers will send their reports directly to ASV, who will then forward it to the potential centre. The report should not hold any surprises. If you have fed back that the centre has all of the documentation in place to become approved, then this should go into your report. Recommendations and action points should not be altered or extended post-visit after feedback has been given and agreed.

As stated previously, Systems Approvers who are appointees must send their draft report to a Quality Enhancement Manager, who will consider their recommendation and confirm a decision to ASV. This should be made clear to the centre in the verbal feedback, as there could be some changes made to the report.

Recording recommendation decisions that you can justify

As the focus of the Approach to Quality Assurance is based on establishing sufficiency of evidence in relation to each criterion, you are looking for evidence of what the centre is actually doing to show they comply.

The comments section relating to each criterion in the approval report should include the sources of evidence you have found or not found which justifies your recommendation to SQA.

If there are comments relating to shortfalls in evidence in relation to one or more criteria, Action Point(s) must be agreed and recorded on the Approval Report Form.

The potential centre will be required to submit a new approval application, via Business Development. They can talk to their BD Regional Manager or Adviser for advice.

Checking your report prior to submitting it to SQA

Naming staff and candidates in reports

It is permissible to name centre staff, eg assessors, internal verifiers and SQA Co-ordinators in Visit Plans or Approval Reports.

Reports should be written professionally

Reports should be written in clear and concise language avoiding the overuse of technical jargon.

Read your report back for overall cohesiveness and clarity.

Check your reports for accuracy, spelling and grammar before submitting to your QEM mentor or SQA, as appropriate.

The following SQA publications can assist you with report writing:

http://www.sqa.org.uk/files_ccc/Writing_for_SQA_part_A.pdf
http://www.sqa.org.uk/files_ccc/Writing_for_SQA_part_B.pdf

Submitting your report to SQA

It is advisable to write your report as soon after the visit as possible when the details are still fresh in your mind.

SQA guidelines state you must complete and submit your report within 5 working days of the visit taking place. For SAs who are appointees, reports should reach ASV within 10 working days. SAs must submit their draft report to their QEM mentor within 5 working days of the visit, to allow 5 working days for the QEM to check and agree the report.

After submitting your report to SQA

Once you have submitted your report to SQA, ASV staff will send an e-mail to the centre with the approval report attached informing them of SQA's approval decision.

Disposal of information

System Approvers have a duty of care in the way they use and dispose of information provided to undertake approval visits including Visit Plans, Approval Visit Reports and any ancillary documents sent to you associated with the approval application.

Once visits are complete and the report has been submitted and approved by SQA, Systems Approvers should remove all of the data relating to the approval from personal computers or data sticks. All paper copies should also be disposed of securely.

Re-submissions of approval applications

Prospective centres that were not approved at the visit can re-submit their Approval Application Form, with new or updated evidence to address the action points identified in the Approval Visit Report.

This re-submission will be sent to the Systems Approver who carried out the visit. Rather than completing a full approval report, you should complete a supplementary report which refers to the centre's submission to address the points which led to the decision of 'not approved'. This supplementary report will be read in conjunction with the original visit report.

Recognition approval

The recognition route for centre approval is available to organisations that are approved by other recognised UK awarding bodies. These organisations must produce evidence (as detailed in Appendix 1) in order to fulfil the requirements of the recognition route.

Systems Approvers will be sent application forms and supporting evidence for recognition approval by ASV, with the Recognition Approval Form to complete. No approval visit is required for recognition approval. The decision on whether or not to approve the centre is based entirely on the evidence provided against the specific criteria for recognition approval (see Appendix 1).

Recognition Approval Reports must be submitted to your QEM mentor or SQA, as appropriate, within 5 working days. QEMs have a further 5 working days to check and approve SAs' draft reports and submit them to SQA.

A full list of recognised awarding bodies is available from the Ofqual website:

http://register.ofqual.gov.uk/Organisation/Browse

or from the Accreditation Update publication that is available on SQA's website:

http://www.sqa.org.uk/sqa/42338.html

All applications for centre approval via the recognition route must be made on form CA1 & SA1 (recognition) and all sections of this form must be completed.

Applicants must send evidence relating to the specific recognition approval criteria, detailed in Appendix 1, with the New Centre Approval (Recognition) Application Form.

Enhanced recognition

Enhanced recognition for centre approval is available for particular qualifications.

The qualifications have slightly different requirements for centre approval under the recognition route and these are detailed for each qualification in Appendix 2.

Part B: Evidence requirements for systems approval visits

At the approval stage, prospective centres cannot be expected to have the full range of evidence available which they would have for systems verification. The approval process results in a decision on the potential of an organisation to operate as an SQA centre. The focus, therefore, is on establishing that the prospective centre has an understanding of the Quality Assurance Criteria. This may be in the form of policy and procedures documents and associated pro formas. The first systems verification will take place within a year of the first submission of entries by a newly-approved centre, and evidence of implementation of these policies and procedures will be required at that point.

The following is a list of suggested evidence for systems approval, cross-referenced to the Quality Assurance Criteria.

All of the documentary evidence must be provided by the prospective centre with their Approval Application Form for you to review in advance of the visit.

1 Management of a centre

Criterion 1.1: Policies and procedures must be documented and reviewed to ensure full compliance with SQA quality criteria.

Rationale for this criterion
This ensures that there is a system for the management of quality systems in the centre. The system must be documented so it can be audited and evaluated against SQA requirements, both by the centre and by SQA's Systems Verifiers.

Centres' quality documentation (eg policies, procedures, recording documentation) should be regularly reviewed to ensure that it reflects current practice, is up to date, and is fit for purpose.

Specific requirements
♦ The quality system must be documented
♦ Outcomes of reviews must be recorded and actioned
♦ There must be a system of version control for documentation

Further information
Documents may be held electronically or in hard copy but should include policies, procedures and supporting documentation for the assessment of SQA qualifications. The centre documentation should be made available to all staff and candidates involved in the SQA programmes. All staff should be fully aware of the policies and procedures operating within the centre.

Centres must have a documented schedule for reviewing their quality management system on an ongoing basis, and demonstrate how they will record and action reviews and ensure that all staff are made aware of changes.

Version control could be evidenced by version numbers and dates of the last review recorded on documentation (eg as a footer on every page).

For certain documents, where there are legal or regulatory reasons for having a clear audit trail of changes — for example, key policy documents — it may also be appropriate to use a version control table to keep track of what changes were made, when and by whom.

It should also be clear in documented roles and responsibilities who is responsible for reviewing, updating, controlling and disseminating documents relating to quality assurance of SQA qualifications.

Evidence required in advance of the approval visit
♦ Contents list of the organisation's quality manual (refer to other criteria for the policies and procedures that must be included)
♦ Planned dates for production and/or review of policies and procedures
♦ Version control demonstrated on policy documents (for all categories) or a statement describing the version control approach

Criterion 1.2: Policies and procedures must be endorsed by senior management and disseminated to all relevant staff.

Rationale for this criterion
The senior management of the centre should lead on or endorse all policies, devolve authority appropriately for development of procedures, and ensure that there are mechanisms in place for ensuring that staff are made aware of their responsibilities and kept up to date.

Evidence required in advance of the approval visit
♦ Senior management support for policies recorded on policy documents, or as a covering statement

Criterion 1.3: SQA must be notified of any changes that may affect the centre's ability to meet the Quality Assurance Criteria.

Rationale for this criterion
This information is required to enable SQA to minimise possible risks and to provide centres with additional support if required.

Specific requirements
A notification of change is required for:

♦ change of premises
♦ change of head of centre, owner or SQA Co-ordinator
♦ change of name of centre or business
♦ change of contact details
♦ outcome of internal/external investigations
♦ removal of centre and/or qualification approval by another awarding body
♦ lack of appropriate assessors or internal verifiers

The centre should demonstrate awareness of the requirements and that responsibilities for this have been allocated to relevant staff.

♦ Procedures or roles and responsibilities specifying that information is required on any of the changes listed above

Criterion 1.4: The roles and responsibilities of those involved in the administration, management, assessment and quality assurance of SQA qualifications across all sites must be clearly documented and disseminated.

Rationale for this criterion
This is to ensure that all staff are fully aware of their own role and responsibilities as well as those of others involved with SQA provision, irrespective of their location in the centre. This includes anyone sub-contracted or working in partnership with the centre.

Specific requirements
♦ Centres must have documented roles and responsibilities for the SQA Co-ordinator, assessors and internal verifiers and relevant administrative staff (eg for data management)
♦ If applicable, centres must have documented agreements in place for sub-contracted services or partnership arrangements in relation to assessment and quality assurance of SQA qualifications

Further information
The roles and responsibilities may be shown on job descriptions, specific role descriptions relating to SQA, or in procedural documents, but must be sufficiently detailed to meet all of SQA's requirements.

The functions of the SQA Co-ordinator may be split between different members of staff, but it must be clear how all the responsibilities are covered. As a minimum, these must include:

♦ to be the first point of contact between the centre, SQA and candidates
♦ to ensure policies and procedures are in place to support the quality assurance process
♦ to ensure that policies and procedures are reviewed regularly and updated in line with current SQA guidance and with centre decisions
♦ to ensure that the current version of all documentation is used
♦ to enable internal verifiers and assessors to meet on a regular basis
♦ to support the sharing of best practice amongst assessors and internal verifiers
♦ to liaise between SQA quality assurance staff and assessors/internal verifiers when SQA quality assurance staff wish to visit
♦ to circulate the subsequent quality assurance report to appropriate personnel
♦ to ensure that any required actions and development points identified in a quality assurance report are discussed and acted upon
♦ to ensure all data passed on by internal verifiers and assessors is processed and submitted to SQA according to the centre's data management policy
♦ to ensure relevant centre staff check for Scottish Candidate Number (SCN) of new candidates

♦ to notify SQA of any changes which may affect the centre's ability to meet the criteria

Centres must have a documented system for the management of sub-contracted services or partnership arrangements in relation to assessment and quality assurance of SQA qualifications. If they will be using the services of anyone who is not an employee of the centre, or will be working with another organisation to meet the quality assurance requirements, then they must provide evidence of a signed contract, partnership agreement or memorandum of understanding that clearly identifies the responsibilities of all parties.

Evidence required in advance of the approval visit
♦ Job roles and responsibilities for the SQA Co-ordinator, assessors, internal verifiers and member of staff responsible for data management
♦ Defined roles and responsibilities for anyone sub-contracted or who will be working in partnership with the centre

Criterion 1.5: Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements.

Rationale for this criterion
SQA is committed to safeguarding its reputation for the quality and credibility of its qualifications. All allegations of malpractice must be investigated consistently, fairly and impartially.

Specific requirements
The policies and procedures for malpractice must cover both malpractice by candidates and malpractice by centre staff.

Centres' policies and procedures should use the following definition of malpractice, in relation to SQA qualifications:

Malpractice means any act, default or practice (whether deliberate or resulting from neglect or default) which is a breach of SQA assessment requirements including any act, default or practice which:
- Compromises, attempts to compromise or may compromise the process of assessment, the integrity of any SQA qualification or the validity of a result or certificate; and/ or
- Damages the authority, reputation or credibility of SQA or any officer, employee or agent of SQA.

Malpractice can arise for a variety of reasons:
- Some incidents are intentional and aim to give an unfair advantage or disadvantage in an examination or assessment (deliberate non-compliance);
- Some incidents arise due to ignorance of SQA requirements, carelessness or neglect in applying the requirements (maladministration).

Malpractice can include both maladministration in the assessment and delivery of SQA qualifications and deliberate non-compliance with SQA requirements.

Whether intentional or not, it is necessary to investigate and act upon any suspected instances of malpractice, to protect the integrity of the qualification and to identify any wider lessons to be learned.

Where SQA becomes aware of concerns of possible malpractice, its approach will be fair, robust and proportionate to the nature of the concern. These procedures will be applied where SQA's view is that there is a risk to the integrity of certification, which is not being successfully managed through our regular processes.

Procedures must include:

♦ reporting
♦ investigation
♦ communicating outcomes
♦ sanctions
♦ actions
♦ appeals
♦ record-keeping
♦ retention of records of all investigations of malpractice to be provided to SQA on request (see criteria 4.7 and 6.4)

Any suspected cases of centre malpractice, including maladministration, must be reported to SQA. In addition, for those qualifications that are subject to statutory regulation by SQA Accreditation or Ofqual, centres are required to report any suspected case of candidate malpractice to SQA. These requirements must be written into centre procedures.

Evidence required in advance of the approval visit
♦ Documented malpractice policy and procedure, covering both candidate and centre malpractice, including definitions in line with SQA definitions

Criterion 1.6: No-one with a personal interest in the outcome of an assessment is to be involved in the assessment process. This includes assessors, IVs and invigilators.

Rationale for this criterion
Having a personal interest in the outcome of an assessment amounts to conflict of interest, which poses a risk to the integrity of assessment. Centres must take steps to militate against this risk.

Further information
At induction, assessors, internal verifiers and invigilators must be informed of the requirement on them to declare any personal interest and what the mechanism is for making such a declaration (eg informing their line manager in writing, or completing a form and submitting it to the SQA Co-ordinator). This should be included on induction checklists.

Staff should make a declaration if they are related to or have a personal relationship with a candidate, and are currently deployed to:

♦ set assessments which this candidate will undertake
♦ make assessment judgements on this candidate's evidence
♦ internally verify assessment decisions on this candidate's work
♦ invigilate an assessment which this candidate is sitting

Conflict of interest also applies where an individual stands to make a personal financial gain from the outcome of the assessment, as opposed to payment to the centre through normal business practices.

Evidence required in advance of the approval visit
♦ Procedure for dealing with conflict of interest for assessors, internal verifiers or invigilators

Criterion 1.7: There must be an effective process for communicating with staff, candidates and SQA.

Rationale for this criterion
This is to ensure that all staff are fully aware of SQA's current requirements. This could be information in relation to specific qualifications, or about administrative procedures, or wider policy, or qualification development issues. SQA will only send this information directly to the SQA Co-ordinator, and so there must be an internal process for disseminating information to the relevant staff.

It is important that centres can demonstrate that they have systems for communicating with SQA and candidates in order to keep everyone fully informed.

Further information
Centres should state, in their documentation of roles and responsibilities, who has responsibility for communicating with SQA and for distributing information from SQA to staff and candidates. This is likely to include the roles and responsibilities of the SQA Co-ordinator and/or relevant administrative staff. Managers may have responsibility for disseminating information to their staff. Individual members of staff can also keep themselves up to date using SQA's website and the My Alerts service.

Other staff, eg assessors or tutors, may have specific responsibility for passing on information to candidates, and receiving information from them.

Centres may be asked, or wish, to provide feedback on certain issues to SQA (eg comments on qualifications, feedback on examination papers) and the roles and responsibilities should cover this.

Evidence required in advance of the approval visit
♦ Communication procedure or description of how the centre will manage communication with staff and candidates

Criterion 1.8: Feedback from candidates and staff must be sought and used to inform centre improvement plans.

Rationale for this criterion
Centres must ensure that staff and candidates are given the opportunity to provide feedback on their systems and the SQA qualifications that candidates undertake, with a view to this being reviewed and the systems and programmes being enhanced for future participants.

Centres should aim to use feedback that they gather to assist with monitoring the operation of their systems, to ensure that they continue to comply with SQA criteria and to inform continuous improvement.

Further information
Feedback should be actively sought, reviewed and acted upon. Centres should put procedures and mechanisms in place for this.

Candidates and staff may provide feedback on a range of issues, but for SQA systems approval and verification, we are concerned with the issues under the SQA categories of criteria. Feedback mechanisms should give opportunities and encourage candidates and staff to comment on these issues.

Evidence required in advance of the approval visit
♦ Procedure or description of how the centre will gather feedback from candidates and use this to inform improvements

Criterion 1.9: The centre must comply with requests for access to records, information, candidates, staff and premises for the purpose of external quality assurance activities.

Rationale for this criterion
In order to make an objective assessment of a centre's compliance against SQA's Quality Assurance Criteria, SQA quality assurance representatives must have access to the relevant people and documentation.

Specific requirement
Centres offering regulated qualifications must also allow access to SQA Accreditation or Ofqual staff.

Further information
The roles and responsibilities of the centre's SQA Co-ordinator should include the management of SQA external quality assurance. This may also be included in documented procedures, eg assessment and verification.

♦ Inclusion of responsibility for this in the job roles and responsibilities of the SQA Co-ordinator.

Criterion 1.10: Outcomes of external quality assurance must be disseminated to appropriate staff and any action points addressed within agreed timescales.

Rationale for this criterion
The results of SQA external quality assurance activity must be made known to all relevant staff, to re-affirm positive aspects and good practice, and also make staff aware of any action points or recommendations. Staff must be clear about the specific roles they play in ensuring action points are addressed within agreed timescales.

Further information
Centres must outline how they will implement and monitor outcomes of SQA external quality assurance activity and how relevant staff will be kept informed.

If required actions are set as a result of SQA systems or qualification verification, an agreed timescale will be set for addressing these. Sanctions may be applied if centres do not fully meet the action points within this timescale.

Extensions will only be granted in exceptional circumstances, which should be notified to SQA as soon as they are known.

Evidence required in advance of the approval visit
♦ Inclusion of responsibility for this in the job roles and responsibilities for the SQA Co-ordinator.

Management of a centre: additional sources of guidance

♦ Induction Guide for SQA Co-ordinators
♦ SQA Learning and Development Units for assessor and internal verifier roles and responsibilities
♦ Malpractice: Information for Centres (2017)
  http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf
♦ The Appeals process: Information for centres (published April 2015)
♦ Candidate disclaimer for SVQ portfolios
♦ External Verification: A Guide for Centres

2 Resources

Criterion 2.1: Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.

Rationale for this criterion
To ensure the validity and integrity of the qualifications offered by SQA, it is important that assessors/internal verifiers have the appropriate qualifications and occupational competence in relation to the qualifications they are assessing/verifying.

Specific requirements
♦ Assessors and internal verifiers must have occupational experience, understanding and any necessary qualifications, as specified in the SQA requirements for the qualification. The requirements may be stated in, for example, Assessment Strategy, Unit specification, operational handbook, Arrangements document/Group Award Strategy document
♦ Assessors and verifiers of regulated qualifications must achieve a relevant assessor/verifier qualification within 18 months of starting to practise where no alternative timescale is stated in an Assessment Strategy
♦ Assessors and internal verifiers for regulated qualifications must undertake relevant continuing professional development activities, and keep records of this

Evidence required in advance of the approval visit
♦ Information on how requirements for qualifications and experience of assessors and internal verifiers are addressed in the recruitment and deployment processes
♦ Staff development/ continuous professional development policy and procedures

Criterion 2.2: Assessors and internal verifiers must be given induction training to SQA qualifications and requirements.

Rationale for this criterion
It is important that all new staff, assessors and internal verifiers have an induction programme so they are clear about roles and responsibilities and are familiar with the centre's processes, procedures and documentation for the qualification. This is not only for staff new to the organisation, but for those who have been allocated these roles for the first time.

Specific requirements
There must be records of induction (checklist as minimum).

Induction must cover:

♦ qualification Assessment Strategy etc
♦ everything the centre tells the candidate (assessment process, internal appeals etc. See criterion 3.1)
♦ internal verification procedures (see criterion 4.1)
♦ malpractice procedures (see criterion 1.5)
♦ conflict of interest (see criterion 1.6)
♦ secure storage and transport of assessment materials (see criteria 4.5 and 5.2)
♦ retention policy for candidate assessment evidence and records (see criteria 4.7 and 6.4)

Evidence required in advance of the approval visit
♦ Assessor and internal verifier induction checklist covering all SQA requirements

Criterion 2.3: There must be a documented system for initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.

Rationale for this criterion
It is the centre's responsibility to ensure that it has sufficient resources to enable all candidates to achieve the competences defined in the qualifications it offers. Centres must, therefore, put in place a process to review their resources regularly to ensure they remain relevant, current and available in quantities appropriate to the qualification requirements and candidate numbers.

Evidence required in advance of the approval visit
♦ Procedure for, or description of, how you will review assessment environments; equipment; and reference, learning and assessment materials

Note: 'Environment' in this context means the place(s) or site(s) in which assessment is carried out.

Criterion 2.4 is covered under Qualification approval.

Criterion 2.5: All sites where candidates undertake assessments for SQA qualifications must be safe and appropriately resourced, and must provide access for candidates, staff and SQA personnel.

Rationale for this criterion
Some assessment sites may be owned or managed by another organisation that has its own separate processes, policies and procedures. These may be known as satellite sites.

If this is applicable, the centre must ensure that their quality assurance systems extend to all sites they will be using to assess their candidates and ensure that all satellite sites have appropriate resources and processes and that candidates have a consistent experience wherever they are located.

Further information
If centres intend to use satellite assessment sites (as defined above), then they must provide documentation that they will use to record checks on the suitability of assessment sites. Access for SQA staff must be included in this.

Guidance on use of assessment sites owned by other organisations is available on SQA's website. This includes exemplar site checklists, which centres can use in their entirety, or use to ensure that their own documentation incorporates all the issues required by SQA.
They may also provide a signed agreement with the organisation that owns the site.

Evidence required in advance of the approval visit
♦ Procedure for checking the suitability of assessment sites not owned by the organisation (if applicable)
♦ Completed site checklists, or other documentation covering the same points (if applicable)

Resources: additional sources of guidance
♦ Information about working in line with the current assessor/verifier standards can be accessed from SQA Accreditation's [Statement on Assessor and Verifier Competence]
♦ Sector assessment strategies for specific awards can be found by SVQ group on SQA's website
♦ Information on e-assessment can be found [on SQA's website] and also in the [Guide to Assessment]
♦ Guidance on use of assessment sites owned by other organisations, including exemplar checklists: [http://www.sqa.org.uk/sqa/files_ccc/Guidance-for-Centres-on-Use-of-Assessment-Sites%20.pdf]

3 Candidate support

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Systems Approval Application Form reference

A10: Centres must show that candidates will be supported and guided through the qualifications for which they are entered.

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Criterion 3.1: Candidate induction must include information about the SQA qualification and SQA requirements.

Rationale for this criterion
It is important to ensure that centres have evidence that candidates are given adequate support from their initial entry through to final certification. Candidates should be fully informed about your responsibilities in relation to them and aware of the procedures relevant to the qualification they are undertaking.

Specific requirements
Candidate induction information must cover:

♦ content and structure of the qualification

♦ roles and responsibilities of the candidate, assessor, internal verifier and external verifier

♦ guidance and support

♦ assessment/re-assessment, including the modes and format of assessment (both internal and external assessment) and opportunities for re-assessment (including charging policy for re-assessment, if relevant)

♦ how feedback on assessments will be provided

♦ equal opportunities and assessment arrangements

♦ malpractice and declarations of authenticity

♦ complaint/grievance procedures

♦ internal assessment appeals

♦ data protection (consent to share information, open mail)

Centres must provide information relating to the SQA qualifications to candidates prior to submitting entries.

Further information
Induction materials may be provided to the candidates in hard copy or made available for them to access electronically. Depending on the nature of the programme and mode of attendance, candidate induction may be as simple as providing these materials, or induction activities may take place over a period of time, possibly spanning a number of weeks from the start of the programme.

Candidate induction checklists should be provided to ensure that staff conducting induction cover all the required information, and candidates retain their own record of what was covered. Centres may require that candidates sign the induction checklist to confirm that they were provided with all the information.

Evidence required in advance of the approval visit
♦ Candidate induction checklist covering all SQA requirements.

Criteria 3.2 and 3.3 are under Qualification Approval.

Criterion 3.4: Policies and procedures must give SQA candidates equal opportunities for assessment.

Rationale for this criterion
SQA systems approval and verification focuses on equal opportunities in relation to SQA qualifications and the candidates undertaking them. Any centre offering SQA qualifications must ensure that everyone eligible to take a qualification has an equal chance of benefitting from the services that the centre provides. There must be no discriminatory barriers in the way of any individual who wishes to take SQA qualifications.

Centres should ensure that no individual is discriminated against by virtue of their protected characteristics: age; disability; gender; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race and ethnicity; religion and belief; sexual orientation; or other unjustifiable factor, within the constraints of available resources and current legislation. All the protected characteristics must be covered in your policy.

Specific requirement
Centres must have a documented commitment to equal access to assessment.

Further information
Barriers to assessment might include: night-shift working, physical/sensory impairment, English as a second language or learning difficulties. Barriers should be removed wherever possible, but any changes should not give an unfair advantage over other candidates, or compromise the integrity of the assessment.

Evidence required in advance of the approval visit
♦ Equal opportunities policy or statement, including equal access to assessment

Criterion 3.5: Individual candidates' requirements for assessment arrangements must be discussed, identified, implemented and recorded.

Rationale for this criterion
Assessment arrangements allow candidates who are disabled, and/or who have been identified as having additional support needs, appropriate arrangements to access the assessment without compromising its integrity. Candidates are individuals with a diverse range of needs and it is important that centres consider the individual assessment needs of their candidates when considering the most appropriate assessment arrangements.

This applies to both internal and external assessment, although centres are only required to notify SQA of proposed arrangements for external assessments.

Specific requirements
Centres must inform all candidates at induction of the availability of assessment arrangements to address additional support needs.

Centres must have procedures for managing assessment arrangements for both internal and external (where applicable) assessments, covering:

♦ identification and evidence of needs
♦ how needs are met, across different subjects/Units
♦ how recommendations for assessment arrangements are independently confirmed
♦ recording and communication of assessment arrangements put in place
♦ review of needs and support over time

Evidence required in advance of the approval visit
♦ Statement of intent to provide support and assessment arrangements for candidates with additional needs
♦ Information on the process which will be used for identifying specific additional needs of candidates, identifying, implementing and reviewing appropriate assessment arrangements, and recording this

Criterion 3.6: Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements.

Rationale for this criterion
SQA wants to ensure that candidates are provided with a complaints/grievance process on matters not directly involving assessment decisions. The procedure can be invoked at any stage of a candidate's qualification and should be used for complaints about any aspect of the programme. However, complaints about assessment decisions should be processed through the appeals procedure (see criterion 4.8).

Specific requirements

♦ Centres' complaints procedures must explain that all candidates have the right to complain to SQA about assessment-related matters (but not assessment judgements), once they have exhausted their centre's complaints procedure

♦ Candidates on regulated qualifications, also have the right to complain to SQA Accreditation or Ofqual once they have exhausted their centre's complaints procedure and the SQA Awarding Body's complaints procedure. This must be stated in centres' procedures if they deliver regulated qualifications

♦ Centres which are public services in Scotland must also include in their procedures information for candidates on escalating complaints to the Scottish Public Service Ombudsman, about issues other than assessment-related matters

Further information

Centres must have a documented complaints/grievance procedure and must ensure that this is included as part of candidate induction. Reasonable timescales must be attached to each stage of the process. There should be at least two people with whom candidates can raise complaints with initially.

The procedures must also include mechanisms for:

♦ dissemination to candidates

♦ notifying the candidate of outcome and subsequent actions

♦ recording and retaining records

Details of any complaints/grievances should be logged and retained for review by SQA quality assurance staff. Complaints should also be analysed for trends, to inform quality improvement in the centre.

Centres must also inform candidates that SQA can deal with complaints from any candidates about assessment — in the broadest sense, including the conduct of, and environment for, assessment — but only if the candidate has already exhausted the centre's complaints procedure. Appeals against internal assessment decisions should go through Appeals Procedures (see criterion 4.8).

SQA will not deal with complaints about the wider experience of being a student (eg student support services, funding, student facilities).

For public sector centres in Scotland, any complaints about these issues that have not been resolved through the centre's complaints procedures should go directly to the Scottish Public Services Ombudman (SPSO). This information should be included in centres' procedures.

Evidence required in advance of the approval visit

♦ Complaints policy and procedures

Candidate support: additional sources of guidance

♦ [Assessment Arrangements Explained](#)
♦ [Customer Complaints and Feedback section on SQA's website](#)

4 Internal assessment and verification

Systems Approval Application Form reference

A11: Internal Assessment and Verification: Internal assessment and verification procedures must be documented, implemented and monitored to meet qualification and SQA requirements. Centres are required to provide evidence of their systems, policies and procedures to ensure all assessment decisions will be consistent with qualification standards, and how they will maintain records of the internal verification process.

Criterion 4.1: Internal assessment and verification procedures must be documented and monitored to meet SQA requirements.

Rationale for this criterion
Internal verification is a crucial element of SQA's quality assurance. It ensures that all candidates entered for the same qualification are assessed fairly and consistently to the specified standard. Every SQA centre is responsible for operating an effective and documented internal quality assurance system. This is a requirement of being an SQA-approved centre.

To ensure effective assessment and internal verification centres must regularly review the effectiveness of their procedures and make any necessary improvements, and ensure that changes made by SQA are adopted.

Specific requirements
Internal verification procedures must include the three stages of pre-assessment, during assessment and post-assessment.

Further information
The three stages of internal verification are:

Stage 1 (Pre-assessment)
Centres' procedures must cover:

♦ how they will check the assessment instruments for validity (currency and fitness for purpose) including SQA-devised assessments
♦ their process for submitting centre-devised assessments to SQA for prior verification, where appropriate
♦ how they will ensure that all assessors and internal verifiers have a common understanding of the standards required, even when assessments have been published by SQA

Stage 2 (During assessment)
Centres' procedures must cover:

♦ how and when candidate evidence will be internally verified

♦ how they will record assessment and internal verification activities

♦ how they will schedule and record assessor and internal verifier meetings

♦ how they will record standardisation activities

♦ how the risk of plagiarism will be minimised

♦ associated documentation such as: internal verifier feedback sheets; observation of assessment record forms; sampling plans or matrices to record all internal verification activity; internal verifier 'sign-off' sheets confirming candidate achievement

Sampling candidate evidence
Centres' procedures should state their sampling strategy.

They should consider a risk-based approach to sampling which takes account of factors such as:

♦ new or inexperienced assessors and internal verifiers

♦ new or revised qualifications

♦ revised assessment instruments

♦ previous quality assurance reports

♦ methods of assessment

♦ assessment location

♦ mode of delivery

Stage 3 (Post-assessment)
Centres' procedures should state how assessment and internal verification processes will be reviewed and updated.

Evidence required in advance of the approval visit
♦ Internal verification policy and procedures

♦ Pro forma to be used to record internal verification activities

Criteria 4.2, 4.3 and 4.4 are under Qualification approval.

Criterion 4.5: Assessment materials and candidate evidence (including examination question papers, scripts and electronically-stored evidence) must be stored and transported securely.

Rationale for this criterion
This is to ensure that the security and integrity of the assessment material is maintained. In particular, this relates to assessments where a candidate would gain an unfair advantage by

seeing the assessment in advance and the assessment is carried out under controlled conditions (for example, an HN Graded Unit examination). This includes both assessments developed within the centre and assessments produced and published by SQA.

Candidate evidence must be stored securely, to minimise the risks of malpractice and to ensure that it is available for internal and external verification.

Specific requirements
Centres must make all staff aware that any breach in the security of the assessment materials produced and published by SQA must be reported immediately to SQA.

Further information
The requirements for secure storage and transport should be included in centres' assessment and internal verification procedures, and this must be covered in assessor and internal verifier induction.

Centres must put suitable practical arrangements in place in all assessment sites for the secure storage of assessment materials and candidate evidence. Transport arrangements within and between assessment sites must also ensure the security of the materials.

Centres in the UK, if they are intending to offer HN qualifications, will be given access to SQA's secure website for centres if they are successful in gaining approval. This is an online resource containing assessment exemplar content and other secure information used in the delivery of our suite of qualifications. To access the secure site, a centre must be approved for qualifications with materials on the secure site. A username and password are required to access the secure site, and these are issued to SQA Co-ordinators. Access to the secure site for assessors and internal verifiers is granted at the discretion of the SQA Co-ordinator. It is the responsibility of the centre to ensure that the security of assessment materials accessed from the secure site is maintained within the centre. Any breaches of security must be reported immediately to SQA.

Evidence required in advance of the approval visit
♦ Description of arrangements for secure storage and transport of assessment materials

Criterion 4.6 is under Qualification approval.

Criterion 4.7: Candidate evidence must be retained in line with SQA requirements.

Rationale for this criterion
SQA requires that candidate assessment evidence is retained by centres for defined periods for the purposes of internal and external verification, and in case of any resulting queries, candidate internal assessment appeals or suspected malpractice.

Specific requirements
For HN, NC, NPA and NQ units (not part of new Nationals or Awards), centres are required to retain candidate assessment evidence for three weeks after the candidate Unit completion date the centre has notified to SQA.

For SVQs, other regulated qualifications and Skills for Work courses, centres are required to retain candidate assessment evidence for three weeks after the candidate group award completion date the centre has notified to SQA.

However, if a centre is selected for external verification, the candidate assessment evidence for the selected Units must be retained for the qualification verification visit or central verification event. This may be physical evidence or records of the evidence (where the evidence is ephemeral).

In the case of an appeal to SQA against an internal assessment result in a regulated qualification, centres must retain records, including all materials and candidate evidence, until the appeal has been resolved. Thereafter, assessment and internal verification records for appeals cases should be retained for five years.

Where an investigation of suspected malpractice is carried out, centres must retain related records and documentation for three years. Records should include any work of the candidate and assessment or verification records relevant to the investigation. In the case of an appeal to SQA against the outcome of a malpractice investigation, assessment records must be retained for five years. In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for six years after the case and any appeal has been heard. If the centre is any doubt about whether criminal or civil proceedings will take place, it should keep records for the full six year period.

Further information
The requirements for retention of candidate evidence must be stated in the centre's assessment policies and procedures and covered in induction for assessors and internal verifiers. Candidate assessment evidence may be in electronic, paper, visual or audio formats. It must be stored securely (see criterion 4.5). There are separate requirements for retention of records of assessment outcomes/candidate achievement (see criterion 6.4).

Evidence required in advance of the approval visit
♦ Policy for retention of candidate assessment evidence

Criterion 4.8: Internal assessment appeals must be handled in line with a documented procedure which meets SQA requirements.

Rationale for this criterion
SQA requires that if a candidate disagrees with an internal assessment decision, he/she should have the right to appeal. They should know the grounds on which an appeal can be made, and the procedure for doing so.

Specific requirements
If a centre is intending to offer **regulated qualifications** their procedures must include the requirement to inform candidates that they have additional stages of appeal:

♦ to SQA (the awarding body), once the centre's appeals procedure has been exhausted
♦ to SQA Accreditation or Ofqual if they feel that the centre and/or SQA (awarding body) has not dealt with the appeal appropriately. SQA Accreditation or Ofqual cannot overturn assessment decisions or academic judgements, but may investigate the effectiveness of the centre's and/or SQA's appeals process and require corrective action.

Further information
Centres must have a documented internal appeals procedure and ensure that this is included as part of candidate induction. Reasonable timescales must be attached to each stage of the process.

The appeals procedure must include mechanisms for:

♦ dissemination to candidates
♦ notifying the candidate of outcome and subsequent actions
♦ recording and retaining records

Details of any appeals should be retained for review by SQA quality assurance staff.
There should be at least three stages in the centre's procedure, for example:

Stage 1 — the candidate's first point of contact is the assessor, then if still unresolved...
Stage 2 — internal verifier, then if still unresolved...
Stage 3 — independent third party (part of organisation, or another centre, not SQA)

The specific requirements related to regulated qualifications must be stated in the centre's procedures if they will be delivering regulated qualifications.

Evidence required in advance of the approval visit
♦ Internal assessment appeals procedure

Internal assessment and verification: additional sources of guidance

♦ [SQA's Internal Verification: A Guide for Centres offering SQA Qualifications](#)
♦ [Internal verification: A Guide for Centres Offering Ofqual Regulated Qualifications](#) includes the purpose and function of internal verification
♦ Internal Verification Toolkit on QA page of the SQA website
♦ [SQA's Guide to Assessment](#)
♦ The [National Occupational Standards for Learning and Development](#) include standards on which assessor/verifier practice (and therefore qualifications) are based:

— the assessment (standard 9)

— the internal verification (standard 11)

♦ Sector assessment strategies for specific awards can be found by SVQ group on SQA's website

♦ The full details of requirements for retention of candidate evidence are given at the following link:
https://www.sqa.org.uk/sqa/files_ccc/SQA_Evidence_retention_requirements_A3_table_November2016.pdf

♦ Appendix 1 of The Appeals process: Information for centres (published April 2015) provides information about regulated qualifications

♦ Malpractice: Information for Centres (2017)
http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf

5 External assessment

Systems Approval Application Form reference

A12: External Assessment: Centres' external assessment procedures must be documented, implemented and monitored to meet qualification and SQA requirements.

This section will only apply if the centre is planning to offer qualifications which have a component that is externally assessed by SQA (HN and vocational qualifications only).

Criterion 5.1: Assessment evidence must be the candidate's own work, generated under SQA's required conditions.

Rationale for this criterion
Centres must take the appropriate steps to ensure that no instances of malpractice occur and that evidence is authenticated.

Any irregularity in the conduct of an external examination can have a serious impact on all candidates taking the examination, not just those in one centre.

Specific requirements
♦ Conditions of assessment will be qualification-specific and must be communicated and adhered to within the centre
♦ Centres must ensure that appropriate resources are made available and that no candidates are disadvantaged

Further information
Centres must have clear allocation of responsibilities, eg of exams officers and invigilators, and be able to demonstrate understanding of SQA requirements for exam conditions, and secure storage and handling of examination papers and candidates' completed examination scripts.

Specific requirements for online testing should be understood.

Centres should have processes for assessing and reviewing accommodation and facilities to ensure they are appropriate for all candidates, and that the required resources are in place for scheduled external assessments (eg IT).

Evidence required in advance of the approval visit
♦ Procedures for managing external assessment, including roles and responsibilities

Criterion 5.2: Assessment materials and candidate evidence, (including examination question papers, scripts and electronically-stored evidence) must be securely stored and transported.

Rationale for this criterion
This is to ensure that the security and integrity of the examination material is maintained throughout the examination diet.

Specific requirements
♦ Question papers and any other confidential examination materials must be stored securely at the centre's registered address in a secure room solely assigned to examinations for the duration of the examination diet, and only persons authorised by the Head of Centre must be allowed access to this facility
♦ Centres must inform SQA immediately if the security of question papers or confidential examination materials is breached.

Further information
Centres must put in place suitable practical arrangements in all assessment sites to be used for external assessment for the secure storage of examination materials and candidate assessment evidence and examination scripts. Transport arrangements within and between assessment sites must also ensure the security of the materials.

Centres must document their procedures to address the secure storage of examination question papers and materials, from the point when the papers and/or materials are delivered to the centre, until candidate scripts are uplifted or returned to SQA. The procedures should state the roles and responsibilities of relevant staff.

SQA staff and appointees have the right of access at any time to a centre's secure storage facilities. It is the centre's responsibility to plan and arrange for the possibility of visits by SQA staff or appointees, as visits may be made without prior notice.

Evidence required in advance of the approval visit
♦ Description of arrangements for secure storage and transport of external assessment materials

Criterion 5.3: The centre must submit, where appropriate, within published timelines, results services requests.

Rationale for this criterion
To ensure fairness for candidates in the external assessment process, processes are in place to ensure that candidates who have suffered genuinely exceptional circumstances, such as a bereavement or illness, etc before or around the examination period, are not disadvantaged, and to provide a safety net check of final exam results.

Both candidates and staff in centres involved in external assessments must be aware of these services, and follow the required processes and timescales.

Specific requirements
Qualification-specific requirements for qualifications with externally-assessed elements must be communicated and adhered to within centres.

Further information
Appeals procedures for HN and vocational qualifications with externally-assessed elements are being brought into line with the Results Services for National Course external assessments, which have replaced the appeals process.

Centres and candidates undertaking external assessments have recourse to two services:

Exceptional circumstances
This service will assist candidates who could not sit an exam or who sat an exam but their performance suffered because of exceptional circumstances.

Post-results Service
This service will run after candidates have received their result. If a centre is concerned by a candidate's result, they can request a clerical check and/or a marking review of the exam paper.

Centres should have documented processes for managing and submitting requests to SQA.

Roles and responsibilities in relation to results services should be clearly defined.

Centres should check qualification-specific instructions. Some qualifications with automatic marking of e-assessments may not have these challenge processes in place.

Evidence required in advance of the approval visit
♦ Procedures for managing external assessment, including roles and responsibilities (as for criterion 5.1, including specific reference to managing Results Services requests).

External assessment: additional sources of guidance

♦ Group Award specification documents for qualifications with external assessments are available on SQA's website — for example, PDA Dental Nursing (see Appendix 3 for details of conducting the external examination)
♦ Malpractice: Information for Centres (2017): http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf

6 Data management

Once an organisation is approved as an SQA centre, they will be given access to SQA Connect and instructions on how to use it. SQA Connect is the online customer portal that allows SQA-approved centres to access a range of SQA services that provide delivery and operational support for our qualifications. This includes the submission of candidate details, Unit and Group Award entries and Unit results. It also provides important information, and guidance documents.

At the approval stage, we are looking at planned internal procedures for gathering personal information from candidates and entry and results information from assessors and ensuring that this data will be submitted in line with SQA's requirements.

It is essential that there are documented processes in place that will ensure that complete, current and accurate data is supplied to SQA. Appropriate centre staff must be aware of the centre's step-by-step procedures for data transfer between the centre and SQA, in line with SQA's data management requirements, to ensure that accurate certification takes place.

Criterion 6.1: Candidates' personal data submitted by centres to SQA must accurately reflect the current status of the candidate.

Rationale for this criterion
SQA holds personal data on candidates in order to identify and certificate candidates.

SQA may have to contact candidates directly and therefore requires home addresses to be made available. There is also a risk that candidate correspondence/certificates are sent to the wrong centre.

Specific requirements
♦ Candidates' home addresses must be used, other than in reasonable circumstances (eg if the candidate does not have a home address). If the centre changes the address to receive the certificates, they should reinstate the candidates' home addresses immediately upon receipt of the certificates.
♦ Centres must have a documented data management policy and abide by the data protection principles in relation to both the collection of data for transmission to SQA and in the dissemination of data from SQA. Candidates must be made aware of this and sign a data exchange agreement.

Further information
Personal data is supplied to SQA initially as a Registration Creation by centres. 'Registration' is the term used by SQA to describe the process of recording candidate details (ie full name, date of birth, gender, address) onto SQA's system.

Centres' procedures should take account of the fact that registration is a one-time only process and the majority of Scottish candidates will already be registered. However, in certain circumstances it may be necessary to register a candidate. Centres must put a process in place to check whether candidates have a Scottish Candidate Number (SCN) before sending their details for initial registration. They may also have to update candidates' personal data eg change of address.

SQA expects centres to take care both in the collection of data for transmission to SQA and in the dissemination of data from SQA in terms of the Data Protection Act (1998).

Candidates should be aware that their personal details are being given to SQA. This is particularly important where candidates themselves are not completing paper forms. Where information is supplied from centres' computer systems candidates may not be aware that their details are being passed on.

It is important that centres exercise care when releasing personal information supplied by SQA. SQA intend this information for centre's internal use only. Information a centre has obtained from SQA must not be used for marketing purposes or any other purpose which could be reasonably objected to by a candidate.

Centres will need to have a data exchange agreement for all candidates to sign and date.

Centres will have to make arrangements for the secure storage of candidates' personal information, both in hard copy and electronically.

Evidence required in advance of the approval visit
♦ Roles and responsibilities for the member of staff dealing with data management (see Management of a Centre, criterion 1.4)
♦ Candidate enrolment form (including collection of personal data and data protection statement)

Criterion 6.2: Data on candidate entries submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.

Rationale for this criterion
Centres must notify SQA of registered candidates undertaking its Units and Awards as soon as possible after enrolment on their programme of study, to ensure that:

♦ Results corresponding to the entries can be submitted, to ensure the accurate certification of candidates
♦ SQA can plan its qualification verification selection and activities effectively

♦ Learners undertaking SQA qualifications are entered as SQA candidates, with the associated responsibilities and entitlements

Entry information must be kept up to date to ensure that certification is carried out at the correct time for the candidate. Open entries will prevent the release of certificates.
Centres must also have a process in place for checking the status of the qualification, to ensure that they are able to submit entries and the candidates can be resulted and certificated. Entries cannot be accepted for qualifications which the centre is not approved to offer, or if the qualification is finished or in its lapsing period.

Specific requirements
♦ Centres must have a process in place to ensure that their centre is approved to offer the qualification before starting delivery and making entries, and to check that the correct Unit and Group Award codes are used for entries

♦ All qualifications, other than those subject to an examination diet with associated key dates, are subject to the requirement to submit candidate entries as soon as possible after their enrolment on the programme

♦ For SVQs, centres must check that the award is not in its lapsing period before starting delivery. Entries for SVQs cannot be entered in the lapsing period and the candidates must be able to complete the award before the SQA's end date for the award (see guidance below on lapsing periods and end dates)

♦ Centres must not send entries and results for the same candidate at the same times

♦ SVQ Awards and Units, Workplace Core Skills Units and Assessor and Verifier Units cannot be certificated within 10 weeks of the entry date of the qualification ('10-week rule')

♦ For qualifications which are subject to qualifications verification by Group Award, rather than by verification groups for Units, eg SVQs and Skills for Work Courses, the Group Award entry must be submitted at the start

♦ Centres must update candidate data at their recorded completion date, by submitting results, withdrawing the candidate (from Units and Group Awards, where appropriate) or extending the completion date where a candidate has been granted an extension

Further information
Entry data is supplied to SQA initially as an Entries Creation. As candidates progress through qualifications, data is submitted to SQA as an Entries Update.

Completion dates for an HN course can be up to four years from the date of entry. There is currently no enforceable lapse period for HN qualifications.

Completion dates for Units can be up to two years from the date of entry but cannot go beyond SQA's finish date of the qualification.

Completion dates for an SVQ can be up to five years from the date of entry but cannot go beyond SQA's finish date of the qualification.

Regulated qualifications (including all SVQs) are accredited for a finite period. This is known as the accreditation period. The accreditation period has a start date, a lapsing date and an end (or finish) date. The qualification is live between the start date and the lapsing date. Candidates can only be entered on the qualification until the lapsing date. The lapsing period is the period between the lapsing date and the end (or finish) date. Certificates cannot be issued after the end date. This means that any candidates who are entered on the qualification must be entered before the lapsing date and must have successfully completed it by the end date. Some qualifications have pre-set lapsing periods, eg two years for an SVQ 2.

Centres, based on their qualification type and client base, must make decisions on when and how often data cleansing and updating should take place (ie extending completion dates where a candidate has an agreed extension, or withdrawing entries when the candidate is no longer active). Procedures for data cleansing should be included in their documented system of data management.

Evidence required in advance of the approval visit
♦ Process for collecting information on candidate entries for Units and Group Awards and candidate results from assessors/IVs
♦ Policy or statement of intent on submitting entries and results within appropriate timescales and updating data

Criterion 6.3: Data on candidate results submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.

Rationale for this criterion
This is to ensure that centres submit results at the appropriate time to:

♦ Allow SQA the opportunity to carry out quality assurance
♦ Give SQA sufficient time for the smooth operation of certification processes
♦ Prevent any unnecessary delays to the candidate in receiving the certificate they are entitled to

Specific requirements
♦ Centres must ensure that candidates seeking certification for a full SVQ, SVQ Unit, a Workplace Core Skills Unit or the Assessor/ Verifier Units are entered for the award at least 10 weeks before a claim for certification is made ('10 week rule')
♦ For regulated qualifications, certificates cannot be issued after the SQA finish date. This means that any candidates who are entered on the qualification must have successfully completed it and been resulted by the finish date (see criterion 6.2 above for the explanation of the finish date).

Centres' procedures should include details of how results, which have been confirmed through the centre's internal quality assurance processes, will be passed from assessors/internal verifiers to data management staff and timescales for the processing of results.

For regulated qualifications with SQA finish dates, the status of the qualification must be checked to ensure that all results are submitted to SQA before the finish date.

Evidence required in advance of the approval visit
♦ Policy or statement of intent on submitting entries and results within appropriate timescales and updating data (as for 6.2)

Criterion 6.4: There must be an effective and documented system for the accurate recording, storage and retention of assessment records, internal verification records and candidate records of achievement in line with SQA requirements.

Rationale for this criterion
This is to ensure that accurate records of candidate achievement are retained securely in the event of any future quality assurance enquiries and to minimise any risk of wrongful certification claims.

It also helps to maintain national standards by allowing for the review of assessment over time.

Specific requirements
Centres must retain records for one calendar year following completion of qualifications:

♦ a list of candidates registered with SQA for each qualification offered in the centre
♦ details of candidate assessment, including the name of the assessor, location, date and outcome
♦ internal verification activity
♦ certificates claimed

Centres delivering Ofqual regulated qualifications must retain assessment records for 3 years.

These records must be made available to the external verifier and SQA on request. Records must be stored securely and in a retrievable format.

In the case of an appeal to SQA against an internal assessment result in a regulated qualification, the centre must retain records, including all materials and evidence, until the appeal has been resolved. Thereafter, assessment and internal verification records for appeals cases should be retained for five years.

Where an investigation of suspected malpractice is carried out, the centre must retain related records and documentation for three years. In the case of an appeal to SQA against the outcome of a malpractice investigation, assessment records must be retained for five years. In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for six years after the case and any appeal has been heard. If the centre is any doubt about whether criminal or civil proceedings will take place, it should keep records for the full six year period.

Further information
Centres must provide details of their system for the accurate recording and storage of candidate records.

They should address this requirement within their documented data management procedures.

Evidence required in advance of the approval visit
♦ Policy for retention of assessment and internal verification records
♦ Description of arrangements for secure storage of records

Data management: additional sources of guidance

♦ [Guide to Data Exchange](#)
♦ [Induction Guide for SQA Co-ordinators](#)
♦ Table of retention requirements for assessment records:
   https://www.sqa.org.uk/sqa/files_ccc/Retention_of_candidate_assessment_records_A3_table.pdf
♦ Malpractice: Information for Centres
   http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf

Appendix 1

Systems recognition approval — criteria and evidence

Criteria	Rationale	Examples of evidence
Category 1 Management of a centre		
Criterion 1 Evidence that the centre is currently an approved centre with another approved awarding body	It is important to establish that the proposed centre is currently approved by an Ofqual or SQA Accreditation recognised awarding body Ofqual register of awarding organisations SQA Accreditation approved awarding bodies	Copy of centre approval certificate (if dated, this must be in date) from current recognised awarding body or Letter from current recognised awarding body showing that they are an approved centre of the awarding body or Evidence from recent verification report (see Criterion 4).
Criterion 2 Documented roles and responsibilities for the assessor, internal verifier and SQA Co-ordinator	This is to ensure that all staff are fully aware of their own role and responsibilities as well as others involved with SQA provision, irrespective of their location in the centre	Person specifications, job roles and responsibilities, list of skills and qualifications required to carry out roles
Category 3 Candidate Support		
Criterion 3 Evidence of a candidate induction procedure	It is important to ensure that centres have evidence that candidates are given adequate support from their initial entry through to final certification	Induction checklist, PowerPoint presentation, candidate handbook

Category 4 Internal assessment and verification		
Criterion 4 A copy of a successful subject verification report, recommending certification, dated within the previous 12 months and which is still in date at the point of processing the centre recognition application. If there are actions detailed on the report, the centre must supply evidence that these have been satisfactorily resolved with the awarding body concerned. The report must be for the same postal address as is on the recognition application form. **Please note we cannot accept approval reports as these do not provide any record of a successful track record** and	Centre Recognition is based on potential new centres being able to demonstrate to SQA that that they have a good track record with their current awarding body	Subject external verification report Letter/document from current awarding body confirming that any actions that are detailed in the verification report have been satisfactorily resolved
Criterion 5 A copy of the centre's internal verification procedure	Internal verification is a crucial element of SQA's quality assurance. It ensures all candidates entered for the same qualification are assessed fairly and consistently to the specified standard	As a minimum, the centre must submit a documented internal verification policy and procedures which includes the three stages of internal verification, a sampling plan, and associated recording documentation

Appendix 2

Enhanced recognition

Enhanced recognition is available for organisations coming forward for centre approval to offer any of the following qualifications:

♦ Safe Road User Award
♦ Scottish Certificate for Personal Licence Holders
♦ Security National Progression Awards (NPA)
♦ Streetworks (HAUC) Re-assessment — using SOLAR

The qualifications have slightly different requirements for centre approval under the recognition route and these are detailed below for each qualification.

Safe Road User

For organisations wishing to offer the Safe Road User Award, SQA will accept a successful quality assurance report in a Personal and Social Education area. All other aspects of the centre recognition process remain unchanged.

Scottish Licensing Certificate

There are two types of organisation that may come forward for centre approval via the recognition method, they are:

1 Organisations that have approval from other awarding bodies and therefore may be in a position to submit most of the information required for recognition

and

2 Organisations that have not been approved by other awarding bodies and will therefore be unable to supply information required for the usual recognition process, eg:

♦ Evidence of approval by another awarding body
♦ An approval certificate for the qualification

For both types of organisations the following variations to the process apply:

A copy of a qualification verification report dated within the previous 12 months for each qualification that the centre wishes to offer through SQA showing that the centre is fully compliant with their current awarding body.

This may not be available as the licensing certificate is not actually verified by other awarding bodies in the same way as SQA qualifications are. If the centre has any evidence of a

successful audit, compliance visit or similar for this or any other award, this should be included. If nothing is available, SQA will waive this requirement. Organisations should put n/a in this box.

A copy of the centre's candidate appeals procedure

This is not required as the assessment is a multiple-choice test. Organisations should put n/a in this box.

A copy of the centre's internal verification procedure

Instead of this, organisations should submit a written procedure for managing the exam. This should include how they plan to manage test papers, arrangements for invigilation, marking and reporting results to SQA. All of this is detailed in the operational handbook which can be downloaded from SQA's website.

All other aspects of the recognition method remain unchanged and centres must supply the following information:

1 Documented roles and responsibilities for the assessor, internal verifier (if applicable) and SQA Co-ordinator

2 Evidence of a candidate induction procedure

Security National Progression Awards

Security Operations: CCTV (Public Space Surveillance)
Security Operations: Door Supervision
Security Operations: Security Guarding

For organisations wishing to offer any of the Security Operations NPAs, SQA will accept the following variations to the centre recognition process:

A copy of a qualification verification report dated within the previous 12 months for each qualification that the centre wishes to offer through SQA showing that the centre is fully compliant with their current awarding body

This may not be available as the Security Operations Award is not actually verified by other awarding bodies in the same way as SQA qualifications are. If the centre has any evidence of a successful audit, compliance visit or similar for this award, this should be included. If nothing is available, SQA will waive this requirement. Organisations should put n/a in this box.

A copy of the centre's candidate appeals procedure

This is not required as the assessment is a multiple-choice test. Organisations should put n/a in this box.

A copy of the centre's internal verification procedure

Instead of this, organisations should submit a written procedure to manage the exam. This should include how they plan to manage test papers, arrangements for invigilation, marking and reporting results to SQA.

All other aspect of the recognition method remains unchanged.

Streetworks (HAUC) Re-assessment using SOLAR online assessment

Centres that are approved by another awarding body for the Streetworks qualifications should complete the Streetworks (HAUC) Re-assessment Form recognition application in the normal manner.

Centres that are not approved by another awarding body should complete section 1 and section 2 of the Streetworks (HAUC) Re-assessment Form and supply the following information:

1 The role and responsibilities of the test centre co-ordinator

2 A written procedure to manage the test

This should include how they plan to identify candidates who are sitting the test, what the arrangements for invigilation are, and the process for entering and resulting candidates.

3 A copy of the induction checklist showing that candidates have received the centre appeals and complaints policies, the centre malpractice policy, and the centre equal opportunities policy.

4 A copy of the policies mentioned in 3.

Please note that there is no need for an external verifier to carry out subject approval as the test is marked online on SOLAR.

Please also note that if a centre wishes to use paper assessments rather than SOLAR and they are not already approved by another awarding body, then they should complete the normal centre and award application form. A visit will be required.