



Guide to Systems Verification for centres 2015–18

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Change log: August 2016, February 2017

Page 3 – last paragraph	Changed to ‘The SV may ask you to send evidence electronically in advance’.
Page 6 – first paragraph	Sentence added: ‘You should expect to receive your report within 10 working days of the visit’.
Page 6 – sixth paragraph	Sentence added: ‘The risk rating will be expressed through an overall outcome statement under this circumstance’.
Page 11, Criterion 1.3, Awarding body requirements	First sentence changed to: ‘Procedures or roles and responsibilities specifying that information is required on ...’
Page 11, Criterion 1.3, Guidance on evidencing the criterion	Second paragraph changed to: ‘Centres should also inform SQA in writing to their Business Development and Customer Support contact...’
Page 13, Criterion 1.4, Guidance on evidencing the criterion	Second paragraph, last sentence, changed to: ‘As a minimum, these must include...’ References to related criteria added to the bullet points.
Page 15, Criterion 1.5, Awarding body requirements	Updated definition of malpractice in internal assessment added under Awarding Body Requirements — including maladministration and non-compliance. February 2017 – further update to definition.
Page 16, Criterion 1.5, Guidance on evidencing the criterion	Last sentence added: ‘For qualifications subject to regulation by SQA Accreditation or Ofqual, candidates and centres have the right to request a review of the awarding body’s process in reaching a decision in an appeal of a malpractice decision’.
Page 17, Criterion 1.5, Examples of evidence	First bullet point changed to: ‘documented malpractice policy and procedure, covering both candidate and centre malpractice, including definitions in line with SQA definitions ...’
Page 17, Criterion 1.5 Additional sources of information	February 2017: Link to former malpractice guide replaced with link to new document Malpractice: Information for Centres (2017) covering candidate and centre malpractice in internal and external assessment.
Page 18, Criterion 1.6, Guidance on evidencing the criterion	Second paragraph, last sentence, changed to: Copies of documentation should be retained for a year after completion of the qualification in question, as for all records of assessment (see criterion 6.4), including details of the action taken to mitigate against the conflict of interest’.
Page 28, Criterion 2.3, Awarding body requirements	First sentence changed to: ‘Colleges in Scotland with devolved authority for approval ...’
Page 30, Criterion 2.5, Guidance on evidencing the criterion	First sentence changed to: ‘If centres have, or intend to use, satellite assessment sites (as defined above), then they must provide documentation that they will use to record checks undertaken’. 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’.
Page 30, Criterion 2.5, Examples of evidence	Second bullet point changed to: ‘completed site selection checklists (or other documentation covering the same points)’.
Page 30, Criterion 2.5, Additional sources of information	Changed to: Guidance document, including exemplar checklists. February 2017 – link to guidance document added

Page 33, Criterion 3.4, Rationale for criterion inclusion	Second paragraph, last sentence added: 'All the protected characteristics must be covered in the centres policy'.
Page 33, Criterion 3.4, Guidance on evidencing the criterion and Examples of evidence	References to criterion 3.6 changed to 3.5
Page 36, Criterion 3.6, Awarding body requirements	Third paragraph 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 37, Criterion 3.6, Guidance of evidencing the criterion	Third paragraph, sentence added: 'This information should be included in the centre's procedures. Model complaints handling procedures have been developed for NHS; housing associations, cooperatives and partnerships; councils; colleges; universities; prisons; water and sewerage services; the Scottish Government and its directorates; commissioner and regulatory bodies. There are different procedures for social work'.
Page 37, Criterion 3.6, Examples of evidence	First bullet point changed to: 'documented complaints/grievance procedure, including statements on when candidates can complain to the SQA and/or SQA Accreditation or to the SPSO (public services only)'.
Page 43, Criterion 4.7, Awarding Body Requirements	<p>First paragraph changed to: "For SQA Advanced Qualification, 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.</p> <p>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".</p> <p>February 2017:</p> <p>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".</p> <p>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".</p>
Page 44, Criterion 4.7, Additional sources of information	<p>Link to SQA's retention policy deleted</p> <p>February 2017 – new link added to updated table of retention requirements for candidate assessment evidence.</p> <p>Link to new malpractice guide added.</p>
Page 48, Criterion 5.1, Additional sources of information	February 2017 – Malpractice: Information for Centres added, with link to the new document, which also covers candidate and centre malpractice in external assessment.
Page 53, Criterion 6.1, Awarding body requirements	First paragraph 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. The centre must have a documented procedure for the reinstatement of candidate home addresses (if applicable)'.
Page 54, Criterion 6.1, Examples of evidence	Sixth bullet point added: 'SQA data showing the addresses held against candidates and their entry, results and certification status'.
Page 61, Criterion 6.4, Awarding body requirements	<p>Sentence added: 'Centres delivering Ofqual regulated qualifications must retain assessment records for 3 years'.</p> <p>February 2017, last sentence changed to: "In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for</p>

	<p>six years after the case and any appeal has been heard”</p> <p>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”.</p>
<p>Page 62, Criterion 6.4, Additional sources of information</p>	<p>Link to SQA’s retention policy deleted</p> <p>February 2017 – new link added to table of retention requirements for assessment records.</p> <p>Link to new malpractice guide added</p>

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Part A: Introduction

This guidance has been developed to support staff in SQA-approved centres in the process of systems verification.

Systems verification is the process by which SQA ensures centres are managing their systems and resources to meet SQA's Quality Assurance Criteria.

Part B provides specific guidance in relation to each quality assurance criterion for systems, including:

- ◆ the rationale for inclusion of the quality criterion in systems verification
- ◆ specific SQA requirements relating to the criterion
- ◆ examples of types of evidence
- ◆ additional sources of information and guidance available from SQA.

The Systems Verifiers will work from exactly the same guidance.

There are other quality assurance criteria that only cover qualification verification.

Qualification verification is the process by which SQA ensures that centres are assessing their candidates in line with national standards, and that assessment decisions comply with SQA's Quality Assurance Criteria. The qualification verification criteria are not included in this guide, but the full criteria are available in the quality assurance section of the SQA website. Where there are gaps in the numbering of criteria in this document, this is because qualification verification criteria have been excluded.

If your centre has been approved as an SQA centre recently, you will have experience of providing documentary evidence against the quality criteria. For systems verification you will also need to provide evidence of the **implementation** of policies and procedures on an ongoing basis. You must ensure that you are fully conversant with SQA guidance, and that your own organisation's policies and procedures align with this. Relevant guidance documents are referred to against every quality criterion in Part B.

The SQA staff who are responsible for carrying out systems verification are Quality Enhancement Managers (QEMs) or Systems Verifiers (SVs). For ease of reference they will all be referred to as SVs throughout this publication.

Sources of support

Contact Centre telephone number: 0303 333 0330

Source of support	Nature of support
Approval and Systems Verification (ASV) Email: asv@sqa.org.uk	Issuing reports and receiving, logging, tracking and forwarding to SVs evidence to address Required Action points.
Quality Enhancement Managers Email: asv@sqa.org.uk	Providing information and advice relating to Systems Verification visits and the systems requirements for approved centres.
Regional Managers Contact details Email: mycentre@sqa.org.uk	First point of contact for specific centre queries

SQA's 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

You can expect that SVs will act in accordance with these values at all times in their dealings with you.

Planning systems verification visits

SVs are allocated centres that require systems verification visits — the allocations are made under an intelligence-led, risk-based model. You will have a systems verification visit within the first year after gaining approval as a centre, if you have candidates registered with SQA. Thereafter, the visits will be scheduled according to the level of need established from the previous visit.

Once an SV is allocated your centre, they will make initial contact with your SQA Co-ordinator (or centre contact) to inform you of the proposed visit and to negotiate a mutually convenient date for the visit.

Ongoing contact will also be with your SQA Co-ordinator, who should take responsibility for informing all relevant staff about the date of the visit, requirements for documentary evidence, and for arranging for the required staff and candidates to be available for interview during the visit.

Interviews with assessors and internal verifiers give the SV a valuable insight into how your processes and procedures are managed in practice. Interviews also allow the SV to raise any queries they have. It may also be helpful for the SV to speak to the staff who deal with data management.

It is also valuable to interview candidates, individually or in groups, to ascertain the support they receive and how procedures are applied from their perspective. The names of candidates will not be recorded in reports.

While it is desirable for the SV to interview staff and candidates, it is not essential if this is not possible to arrange. Interviews could be conducted remotely by phone or over the internet (eg Skype).

Once the date is agreed, the SV will create a visit plan and it will be sent out to you automatically. You should receive this at least two weeks prior to the visit, unless the visit is arranged in a shorter timescale by mutual agreement. The visit plan will include information on staff and candidates who will be interviewed during the visit, as agreed with your SQA Co-ordinator.

The running order for the visit may be agreed between the SV and SQA Co-ordinator at the time of creating the visit plan, or on the day of the visit.

The SQA Co-ordinator should ensure that the SV has information to enable them to find the site at which the visit will take place, and book parking, if possible and if required by the SV.

The SV may ask you to send some evidence electronically in advance. It may be possible for you to give the SV remote access to your systems (eg staff intranet, candidate portal), in which case you should give them advice on access and navigation. The key evidence to be provided in advance is relevant policies and procedures, but you may also give them access to other evidence, such as information given to candidates. This will allow the SV to prepare and allows more time on the day of the visit for discussion, clarification and development.

Conduct and output of SV visits

The SV will review all documented policies and procedures operating in your centre against the systems verification criteria. You should have these available on the day, plus evidence of implementation.

Examples of evidence sources have been provided under every criterion in Part B. As the guidance states, these are only examples and it is perfectly acceptable to provide different evidence reflecting actual practice in your centre, provided that it does clearly address the quality criterion. It may be that you use different

terminology to the generic terms used in the guidance. Appendix 1 is a blank template which you may wish to use to list the actual evidence you have made available against each criterion and the location of this. Evidence may be in the form of electronic files rather than paper documentation. You are not required to print out evidence, unless absolutely necessary. You should allow a full working day for the SV visit, although it may be slightly shorter. The SQA Co-ordinator will not need to be in attendance for the whole day.

Feedback

The SV will provide verbal feedback at the end of the visit to the SQA Co-ordinator and any other staff you choose to have present. You should ensure that this takes place in a dedicated quiet area. The feedback will cover their findings against every criterion and any recommended or required actions. They will also comment on the sufficiency of your evidence and any points of good practice. There should be nothing included in the final written report that you were not made aware of on the day of the visit.

The report will include a 'traffic light' rating for every criterion:

Green: Sufficient evidence — this means that the centre has provided evidence that fully meets the criterion (ie there are no Required Action points)

Amber: Insufficient evidence — this means the centre can provide some evidence in support of the criterion, but it is not sufficient (ie there are Required Action points)

Red: Little or no evidence — this means that evidence provided by the centre falls well short of meeting the criterion (Required Action points will be set).

Some criteria have specific requirements that must be met in order to fully meet the criterion. In some cases, these apply only to systems in support of qualifications regulated by SQA Accreditation or Ofqual (including all SVQs).

In other cases, the requirements expand on the criterion. If any of these requirements are not addressed, the rating for the criterion will be amber or red, and Required Actions will be set. If there are no specific requirements stated, the wording of the criterion provides all the necessary information.

The criteria have different impact levels, which affects the overall rating for each of the six categories. The impact levels are shown against every criterion in Part B.

Having made a decision in relation to each criterion, the SV should explain their decision to you along with the rationale for making it and, at the same time, communicate the systems verification outcome rating for each category, based on the evidence available. The rating for each category will be one of the items from this list:

- ◆ Significant strengths
- ◆ Strengths outweigh weaknesses
- ◆ Some strengths and some weaknesses
- ◆ Weaknesses outweigh strengths *or*
- ◆ Significant weaknesses

For the purposes of systems verification, we define good practice as effective practice within an organisation that is over and above expected practice and may demonstrate a particularly creative approach.

Recommendations are made so that a centre can enhance its existing provision. They are not mandatory and you do not need to act upon them.

Required Action points must be acted upon and are given when a judgement has been made that there is either insufficient evidence, little evidence or no evidence.

Where the verification decision results in your centre having to take action in relation to specific criteria, the Required Action will be communicated verbally to you by the SV before the end of the visit. If the outcome rating for a category is Weaknesses outweigh Strengths or Significant Weaknesses, the SV will also ask for the Head of Centre to be present at the feedback session, due to possible sanctions. Timescales will be agreed for submitting evidence against the Required Actions — this may be sending or emailing evidence, or a return visit may be required.

The report of the visit

The report should reflect the information that was communicated to you in verbal feedback. The comments section relating to each criterion should include comments on the sources of evidence seen by the SV to justify their verification decision. Required Action points should never be altered or extended post-visit after feedback has been given and agreed. The actions should also be clear and specific, with an agreed date for achievement.

You should expect to receive your report within 10 working days of the visit. The SV will make recommendations to SQA on sanctions relating to the Required Actions. These range from entry in an action plan to suspension or removal of centre approval.

Where Required Actions have been identified, any sanctions in addition to an action plan will be discussed and standardised by quality assurance officers within SQA and advised to the centre in the report.

You must submit completed evidence for each Required Action point by the required date, and must send it to asv@sqa.org.uk, rather than to the SV. This ensures that Required Actions can be tracked by SQA.

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

If you submit incomplete or insufficient evidence to fully meet the Required Actions you may be given another opportunity to submit, but risk ratings may be increased and sanctions may be applied if you do not address the action plan to the satisfaction of the SV within the revised timescale set. The risk rating will be expressed through an overall outcome statement under this circumstance.

You should contact the Approval and Systems Verification Section if you want to query anything in the report.

Feedback on the visit

Your SQA Co-ordinator will be sent a link to a feedback questionnaire along with the report of the visit. Please take the time to complete this feedback and send it back to SQA, as it will provide the verifier with valuable information to confirm that their verification practice is effective, or help to make future improvements and help us to further improve our quality assurance processes.

Appeals

If you disagree with SQA's decision on the outcome of Systems Verification, required actions and/or sanctions placed as a result, you can appeal.

Appeals may only be submitted by the head of centre, or his/her representative, who should first contact the Head of SQA Advanced Qualifications/Vocational Qualification Delivery, within 10 working days of receipt of the written report to agree a time to discuss the matter. If, after this discussion, the head of centre is not satisfied, an appeal can be raised.

The appeal should be submitted to the Director of Operations at the Corporate Office at SQA's Glasgow office. It should be submitted in writing, clearly marked as an appeal, by the head of centre within 15 working days of the date of the discussion with the SQA manager.

The appeal must include a written account of why the head of centre thinks that SQA's decision is wrong, and this account must address the reasons given by SQA. The evidence which is submitted in support of the appeal must be relevant to the case being made.

The Director of Operations may seek advice from quality assurance specialists who were not involved in the original decision. It is likely that you will be required to re-submit the original evidence, or that a further visit will be required to review the original evidence within your centre. Appeals against sanctions placed will be addressed through review of the appropriateness of the sanction in relation to the outcome and required actions — including whether or not required actions have been addressed by the centre within the agreed timescales.

Part B: Systems Verification Criteria

Category 1: Management of a centre Quality assurance is managed effectively and documented processes that support all SQA qualifications are implemented, reviewed and continuously improved	
Criterion 1.1	Policies and procedures must be documented and reviewed to ensure full compliance with SQA quality criteria.
Awarding body 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.
Impact rating	High
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	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 made. 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.

<p>Examples of evidence</p>	<p>A 'quality manual' containing policies, procedures, and descriptions of roles and responsibilities, eg recruitment/selection policy, equal opportunities policy, assessment arrangements policy statement for candidates with disabilities and/or additional support needs, malpractice policy, complaints/grievance procedure, appeals procedure, internal verification policies and procedures, documented process for data management. The details of requirements for the policies and procedures will be expanded upon in the subsequent quality criteria.</p> <p>Schedule of reviews of policies and procedures.</p> <p>Internal audits of policies and procedures relating to SQA qualifications.</p> <p>Version control demonstrated on documentation.</p>
<p>Additional sources of information</p>	<p>The guidance relating to specific policies and procedures is detailed in the supporting information for the relevant quality criteria below.</p>

Criterion 1.2	Policies and procedures must be endorsed by senior management and disseminated to all relevant staff.
Awarding body requirements	None in addition to the wording of the criterion.
Impact rating	Low
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	The evidence for this criterion will largely arise from policy control information on the various policy documents, or separate statements which confirm senior management support. Centres must also have evidence of dissemination to staff.
Examples of evidence	<ul style="list-style-type: none"> ◆ statement from Chief Executive ◆ foreword from Senior Management in Quality Manual ◆ senior manager/committee responsibility for development and review of policies stated on documents ◆ signature of senior manager on master document ◆ distribution list ◆ statement or procedure regarding dissemination to staff ◆ minutes of meetings including discussion of policy and procedures ◆ staff induction materials

Criterion 1.3	SQA must be notified of any changes that may affect the centre's ability to meet the quality assurance criteria.
Awarding body requirements	<p>Procedures or roles and responsibilities specifying that information is required on:</p> <ul style="list-style-type: none"> ◆ 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
Impact rating	High
Rationale for criterion inclusion	This information is required to enable SQA to minimise possible risks and to provide centres with additional support if required.
Support Information	
Guidance on evidencing the criterion	<p>Centres are required to communicate: change of premises, change of name of centre or business, change of contact details, change of head of centre, owner and/or SQA Co-ordinator. This can be done on SQA Connect.</p> <p>Centres should also inform SQA in writing to their Business Development and Customer Support contact about the outcome of any relevant internal or external investigations – including malpractice (see criterion 1.5) – and about removal of centre and/or qualification approval by another Awarding body.</p> <p>Centres do not need to inform SQA about changes to individual assessors and/or internal verifiers, but should notify SQA if they have a lack of appropriate assessors or internal verifiers to deliver the qualifications they have candidates entered for. Qualification Verifiers will look at the details of qualifications and occupational competence of assessors and internal verifiers (criterion 2.1).</p> <p>There may not be evidence of changes, if there have not been any changes which require to be notified, but centres should demonstrate awareness of the requirements and that responsibilities for this have been allocated to relevant staff.</p>
Examples of evidence	<p>Specific mention of what is to be notified within appropriate roles and responsibilities.</p> <p>Evidence of communication of changes (if appropriate).</p>
Additional sources of information	SQA's website contains information on amending centre details. This can be done on SQA Connect.

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.
Awarding body 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.
Impact rating	Medium
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	<p>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 requirements.</p> <p>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:</p> <ul style="list-style-type: none"> ◆ To be the first point of contact between the centre, SQA and candidates (criterion 1.7) ◆ To ensure policies and procedures are in place to support the quality assurance process (criterion 1.1) ◆ To ensure that policies and procedures are reviewed regularly and updated in line with current SQA guidance and with centre decisions (criterion 1.1) ◆ To ensure that the most current version of all documentation is used (criterion 4.1) ◆ To enable internal verifiers and assessors to meet on a regular basis (criterion 4.1) ◆ To support the sharing of best practice amongst assessors and internal verifiers (criterion 4.1) ◆ To liaise between SQA quality assurance staff and assessors/internal verifiers when SQA quality assurance staff wish to visit (criterion 1.9) ◆ To circulate the subsequent quality assurance report to appropriate personnel (criterion 1.10) ◆ To ensure that any required actions and development points identified in a quality assurance report are

	<p>discussed and acted upon (criterion 1.10)</p> <ul style="list-style-type: none"> ◆ 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 (criteria 6.1, 6.2, 6.3). ◆ To ensure relevant centre staff check for Scottish Candidate Number (SCN) of new candidates (criterion 6.1). ◆ To notify SQA of any changes which may affect the centre's ability to meet the criteria (criterion 1.3). <p>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 centres are using the services of anyone who is not an employee of the centre, or if they are 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. These documents will be checked for currency and validity.</p> <p>Centres may also wish to document the responsibilities of candidates.</p>
<p>Examples of evidence</p>	<ul style="list-style-type: none"> ◆ organisational chart showing the relevant people involved in the SQA programme ◆ person specification/job role (if SQA responsibilities are included) ◆ changes to the deployment of assessors/internal verifiers ◆ information on method of dissemination of this information ◆ documented system or procedure for managing partnerships and sub-contracts ◆ signed contract, partnership agreements or memoranda of understanding for sub-contracts or partnerships
<p>Additional sources of information</p>	<ul style="list-style-type: none"> ◆ <i>Induction Guide for SQA Co-ordinators</i> ◆ SVQs – a user's guide for assessor and internal verifier roles and responsibilities ◆ SQA Learning and Development units for assessor and internal verifier roles and responsibilities

Criterion 1.5	Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements.
Awarding body requirements	<p>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 internal assessment in SQA qualifications:</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Malpractice can arise for a variety of reasons:</p> <ul style="list-style-type: none"> • 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). <p>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.</p> <p>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.</p> <p>Procedures must include :</p> <ul style="list-style-type: none"> ◆ Reporting ◆ Investigation ◆ Communicating outcomes ◆ Sanctions ◆ Actions ◆ Appeals ◆ Record-keeping

	<ul style="list-style-type: none"> ◆ Retention of records of all investigations of malpractice to be provided to SQA on request (see criteria 4.7 and 6.4). <p>Any suspected cases of centre malpractice 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 the centre's procedures.</p>
Impact rating	High
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	<p>Centres must have a documented process for investigating suspected malpractice, including any sanctions that the centre can apply to candidates or to staff who are found guilty of malpractice. The document must be made available to all staff and include relevant information which is made available to candidates as part of their induction.</p> <p>All staff and candidates must understand the centre's procedures relating to malpractice. Any incidents of staff or candidate malpractice must be investigated and records maintained and made available to SQA on request. As part of candidate induction, centres should outline possible malpractice, such as plagiarism, collusion, copying, etc.</p> <p>The procedures should include information on the right of appeal:</p> <ul style="list-style-type: none"> ◆ Centres have the right to appeal a decision where a case of reported malpractice by the centre has been confirmed through investigation by the SQA. ◆ Centres also have the right to appeal a decision in the case of suspected malpractice by a candidate reported by the centre to the SQA. <p>Candidates have the right to appeal to SQA where:</p> <ul style="list-style-type: none"> ◆ The centre has conducted an investigation, the candidate disagrees with the outcome and has exhausted the centre's appeals process. ◆ SQA has conducted an investigation and the candidate disagrees with the decision. <p>For qualifications subject to regulation by SQA Accreditation or Ofqual, candidates and centres have the right to request a review of the awarding body's process in reaching a decision in an appeal of a malpractice decision.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ documented malpractice policy and procedure, covering both candidate and centre malpractice, including definitions in line with SQA definitions, reporting,

	<p>investigation, communication, sanctions, appeals and record-keeping</p> <ul style="list-style-type: none"> ◆ procedures to include the requirement to report any instances of suspected candidate malpractice in regulated qualifications to the SQA ◆ procedures to include the requirement to report all instances of suspected centre malpractice to SQA ◆ log of instances of malpractice, or suspected malpractice — or proforma for this ◆ policy contained within candidate induction materials ◆ guidance for candidates on avoiding plagiarism, including signed declarations ◆ policy and procedure contained in roles and responsibilities and induction materials for assessors and internal verifiers
<p>Additional sources of information</p>	<p><i>Malpractice: Information for centres (January 2017):</i> http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf</p> <p><i>The Appeals process: Information for centres</i> (published April 2015) SQA's website gives a candidate disclaimer for SVQ portfolios.</p>

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.
Awarding body requirements	None in addition to the wording of the criterion.
Impact rating	Low
Rationale for criterion inclusion	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 mitigate against this risk.
Support Information	
Guidance on evidencing the criterion	<p>Assessors, internal verifiers and invigilators must be informed at induction 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.</p> <p>Copies of documentation should be retained for a year after completion of the qualification in question, as for all records of assessment (see criterion 6.4), including details of the action taken to mitigate against the conflict of interest.</p> <p>Staff should make a declaration if they are related to or have a personal relationship with a candidate, and are currently deployed to:</p> <ul style="list-style-type: none"> ◆ 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. <p>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.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ procedure for managing conflict of interest for assessors and internal verifiers and invigilators ◆ signed staff declarations ◆ signatures of assessors and IVs to confirm no personal interest in the outcome of assessment on candidate portfolios ◆ information (in eg staff handbook, induction checklist) that any interest must be declared, and to whom ◆ records of notification of conflict of interest and actions taken to address this.

Criterion 1.7	There must be an effective process for communicating with staff, candidates and SQA.
Awarding body requirements	None in addition to the wording of the criterion.
Impact rating	Medium
Rationale for criterion inclusion	<p>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. The 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.</p> <p>It is important that a centre can demonstrate that it has established systems for communicating with SQA and candidates in order to keep everyone fully informed.</p>
Support Information	
Guidance on evidencing the criterion	<p>The centre should state, in its documentation of roles and responsibilities, who has responsibility for communicating with SQA and for distribution of 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 the SQA website and the My Alerts service.</p> <p>Other staff, eg assessors or tutors, may have specific responsibility for passing on information to candidates, and receiving information from them.</p> <p>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.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ documented roles and responsibilities for this (eg SQA Co-ordinator, internal verifiers, line managers) ◆ correspondence file ◆ e-mails ◆ feedback/report forms ◆ SQA Unit feedback forms ◆ distribution lists ◆ minutes of meetings ◆ staff notice board ◆ e-mails ◆ intranet

Criterion 1.8	Feedback from candidates and staff must be sought and used to inform centre improvement plans.
Awarding body requirements	None in addition to the wording of the criterion.
Impact rating	Low
Rationale for criterion inclusion	Centres must ensure that staff and candidates are given the opportunity to provide feedback on the centre's 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 use feedback that they gather to assist with monitoring the operation of their systems, to ensure that their centre continues to comply with SQA criteria and to inform continuous improvement.
Support Information	
Guidance on verifying the criterion	Feedback should be actively sought, reviewed and acted upon. Centres should have procedures and mechanisms in place for this, and evidence of action being taken as a result (where appropriate). Candidates and staff may provide feedback on a range of issues, but for SQA Systems 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.
Examples of evidence	<ul style="list-style-type: none"> ◆ feedback procedure ◆ feedback forms ◆ analysis of feedback ◆ records of actions in response to feedback ◆ minutes of meetings

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.
Awarding body requirements	Centres offering regulated qualifications must also allow access to SQA Accreditation or Ofqual staff.
Impact rating	High
Rationale for criterion inclusion	In order to make an objective assessment of a centre's compliance against SQA quality assurance criteria, SQA quality assurance representatives must have access to the relevant people and documentation.
Support Information	
Guidance on evidencing the criterion	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. Any difficulties experienced by Qualification Verifiers in arranging visits and obtaining access to the centre will be notified to the Systems Verifier.
Examples of evidence	<ul style="list-style-type: none"> ◆ documented procedures for handling quality assurance activity ◆ roles and responsibilities ◆ assessment site checklists ◆ permission for SQA quality assurance representatives to obtain access
Additional sources of information	For information on external quality assurance visits, see <i>External Verification: A Guide for Centres</i> .

Criterion 1.10	Outcomes of external quality assurance must be disseminated to appropriate staff and any action points addressed within agreed timescales.
Awarding body requirements	None in addition to the wording of the criterion.
Impact rating	Medium
Rationale for criterion inclusion	The results of SQA external quality assurance activity must be made known to all relevant centre 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.
Support Information	
Guidance on verifying the criterion	Centres must outline how they implement and monitor outcomes of SQA external quality assurance activity and how relevant staff are 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. Any concerns about failing to address required actions from Qualification Verification will be notified to the Systems Verifier.
Examples of evidence	<ul style="list-style-type: none"> ◆ inclusion in roles and responsibilities eg SQA Co-ordinator, internal verifier ◆ signed distribution list ◆ corrective action log/report ◆ action notes, minutes of meetings
Additional sources of information	<i>Induction Guide for SQA Co-ordinators</i>

Category 2: Resources The centre procedures for managing resources must be documented, implemented and monitored to meet SQA requirements.	
Criterion 2.1	Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.
Awarding body 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 eg 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.
Impact rating	High
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	In Systems Verification, the focus is on the policies and procedures for recruitment, selection and deployment of staff as assessors and internal verifiers. The Qualification Verifiers will check the specific qualifications and occupational competence of staff in relation to the qualifications they are verifying. Where there are specific requirements for staff qualifications and experience for delivery of SQA qualifications under the assessment strategy or regulatory requirements, there should be evidence that these have been addressed in recruitment and deployment of staff as assessors and internal verifiers. Awareness of these requirements and the processes for addressing them will be checked in Systems Verification.
Examples of evidence	<ul style="list-style-type: none"> ◆ recruitment/selection policy/criteria ◆ job descriptions/person specification ◆ information on the processes for deployment of staff as assessors and IVs ◆ job adverts ◆ policies and procedures for training and development,

	<p>continuous professional development</p> <ul style="list-style-type: none"> ◆ training/CPD recording pro forma ◆ training needs analyses ◆ minutes of relevant meetings
Additional sources of information	<p>More information about working in line with the current assessor/verifier standards can be accessed from SQA's Accreditation Body Statement on Assessor and Verifier Competence.</p> <p>Sector Assessment Strategies can be found by SVQ Group on SQA's Website.</p>

Criterion 2.2	Assessors and internal verifiers must be given induction training to SQA qualifications and requirements.
Awarding body requirements	<p>There must be records of induction (checklist as minimum). Induction must cover:</p> <ul style="list-style-type: none"> ◆ 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)
Impact rating	Medium
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	As a minimum, centres must have staff assessor and internal verifier induction checklists. These could include generic centre information but must include role-specific induction information, covering the topics in the awarding body requirements above.
Examples of evidence	<p>Examples of evidence:</p> <ul style="list-style-type: none"> ◆ induction checklist (examples of checklist signed by assessor/IV) ◆ staff handbook ◆ staff induction pack

Criterion 2.3	There must be a documented system for initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.
Awarding body requirements	Colleges in Scotland with devolved authority for approval must have a documented approval procedure and hold records of the approval process they carried out prior to submitting notification to SQA. These records must be retained for three years.
Impact rating	Medium
Rationale for criterion inclusion	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, review their resources regularly to ensure they remain relevant, current and available in quantities appropriate to the qualification requirements and candidate numbers.
Support Information	
Guidance on evidencing the criterion	<p>Initial review of resources is part of the approval process. The process of seeking approval for SQA qualifications new to the centre involves the planning and allocation of staff and physical resources, learning, teaching and assessment materials, prior to the submission of approval forms to the SQA.</p> <p>All communication between the centre and SQA relating to qualifications approval should be through the SQA Co-ordinator. This is to ensure that the SQA Co-ordinator is aware of additional approval applications and that they have been fully processed through the centre's own internal procedures prior to being submitted to SQA.</p> <p>Roles and responsibilities relating to approval should be documented. The procedural requirements will vary somewhat depending on the size and complexity of the organisation. Organisations with devolved authority for approval should have full internal approval procedures. All organisations should be able to evidence a link between resource and portfolio planning in the organisation and making approval submissions to SQA. Centres must document ongoing reviews of assessment environments and equipment, and of reference, learning and assessment materials. Centres may have one procedure for this, or it may be covered under a range of activities (eg staff meetings, internal verification, planning, feedback from staff and candidates).</p> <p>The focus of Systems Verification is on procedures for this — the Qualification Verifiers will check on resources relating to the qualifications they are verifying (criterion 2.4).</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ roles and responsibilities for approval ◆ documented internal procedure for approval ◆ minutes of meetings, recording pro forma relating to

	<p>planning of new qualifications and approval submissions</p> <ul style="list-style-type: none"> ◆ completed approval forms ◆ SQA approval reports ◆ qualifications verification reports after approval ◆ documented system of review ◆ minutes of relevant meetings ◆ itineraries ◆ procurement records ◆ library contents ◆ internal verification records relating to review of assessments ◆ system for supporting e-assessment ◆ records of additional sites ◆ records of review
<p>Additional sources of information</p>	<p>Information on e-assessment can be found on SQA's website and also in the Guide to Assessment.</p>

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.
Awarding body requirements	None in addition to the wording of the criterion.
Impact rating	Medium
Rationale for criterion inclusion	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. Centres must ensure that their quality assurance systems extend to all sites they are using to assess their candidates and ensure that all satellite sites have appropriate resources and processes and that candidates have a consistent experience where-ever they are located.
Support Information	
Guidance on evidencing the criterion	If centres have, or intend to use, satellite assessment sites (as defined above), then they must provide documentation that they will use to record checks undertaken to ensure 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. Any concerns raised by Qualification Verifiers relating to safety or access arrangements at an assessment site they have seen will be reported to SQA.
Examples of evidence	<ul style="list-style-type: none"> ◆ procedures for managing assessment sites ◆ completed site checklists (or other documentation covering the same points) ◆ signed agreements with other organisations that own sites used for assessment.
Additional sources of information	Guidance document on use of assessment sites not owned or managed by the centre, including exemplar checklists: http://www.sqa.org.uk/sqa/files_ccc/Guidance-for-Centres-on-Use-of-Assessment-Sites%20.pdf
Category 3: Candidate Support Candidates are supported and guided through the qualifications for which they are entered.	
Criterion 3.1	Candidate induction must include information about the SQA

	qualification and SQA requirements.
Awarding body requirements	<p>Candidate induction information must cover:</p> <ul style="list-style-type: none"> ◆ Content and structure of the qualification ◆ Roles and responsibilities of the candidate, assessor, IV and EV ◆ Guidance and support ◆ Assessment/reassessment, 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) <p>Centres must provide information relating to the SQA qualifications to candidates prior to submitting entries.</p>
Impact rating	High
Rationale for criterion inclusion	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 the centre's responsibilities in relation to them and aware of the procedures relevant to the qualification they are undertaking.
Support Information	
Guidance on evidencing the criterion	<p>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.</p> <p>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.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ policies and procedures for candidate guidance and support ◆ candidate/learner agreement ◆ induction pack/checklist ◆ information on support services available

	<ul style="list-style-type: none">◆ a 'shell' portfolio◆ list of reference/learning materials
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Criterion 3.4	Policies and procedures must give SQA candidates equal opportunities for assessment.
Awarding body requirements	Centres must have a documented commitment to equal access to assessment.
Impact rating	Low
Rationale for criterion inclusion	<p>SQA systems 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.</p> <p>Centres should ensure that no individual is discriminated against by virtue of their protected characteristics: age, disability; gender; gender reassignment; 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 the centres policy.</p>
Support Information	
Guidance on evidencing the criterion	<p>Centres must provide details of their centre's equal opportunities policy — including equal access to assessment — and, where available, records that show that it is being followed.</p> <p>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.</p> <p>There is a link here to quality criterion 3.5, relating to assessment arrangements.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ equal opportunities policy in relation to training and assessment ◆ policy statement on equal access to assessment ◆ procedures for assessment arrangements (see also criterion 3.5) ◆ signed distribution list ◆ relevant minutes of meetings
Criterion 3.5	Individual candidates' requirements for assessment arrangements must be discussed, identified, implemented and recorded.
Awarding body	Centres must inform all candidates at induction of the availability of assessment arrangements to address additional

requirements	<p>support needs.</p> <p>Centres must have procedures for managing assessment arrangements for both internal and external (where applicable) assessments, covering:</p> <ul style="list-style-type: none"> ◆ 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
Impact rating	Medium
Rationale for criterion inclusion	<p>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.</p> <p>This applies to both internal and external assessment, although centres are only required to notify SQA of proposed arrangements for external assessments.</p>
Support Information	
Guidance on evidencing the criterion	<p>Any additional support mechanisms must be discussed, agreed, implemented and recorded.</p> <p>A statement should be included in centres' candidate induction packs about their commitment to offering reasonable adjustments for candidates who may require them.</p> <p>There is a link to quality assurance criterion 3.4 relating to equal opportunities policy. This policy may include a statement on equal access to assessment.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ policy statement on equal access to assessment ◆ documented assessment arrangements procedure/statement ◆ information on procedures and support services available in candidate induction handbook/materials ◆ statement in roles and responsibilities of assessors ◆ initial application form which requests disclosure on any disability and/or additional support needs
Additional sources of information	<p>Information on assessment arrangements is available in the <i>Guide to Assessment</i> and on the Assessment Arrangements page on SQA's website:</p> <p>http://www.sqa.org.uk/sqa/14977.html</p>

Criterion 3.6	Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements.
Awarding body 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.
Impact rating	Medium
Rationale for criterion inclusion	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).
Support Information	
Guidance on evidencing the criterion	<p>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:</p> <ul style="list-style-type: none"> ◆ Dissemination to candidates ◆ Notifying the candidate of outcome and subsequent actions ◆ Recording and retaining records <p>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.</p> <p>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).</p> <p>The SQA will not deal with complaints about the wider</p>

	<p>experience of being a student (eg student support services, funding, student facilities).</p> <p>For public sector centres, 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 the centre's procedures. Model complaints handling procedures have been developed for NHS; housing associations, cooperatives and partnerships; councils; colleges; universities; prisons; water and sewerage services; the Scottish Government and its directorates; commissioner and regulatory bodies. There are different procedures for social work.</p> <p>Candidates for SVQs, or other 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.</p>
<p>Examples of evidence</p>	<ul style="list-style-type: none"> ◆ documented complaints/grievance procedure, including statements on when candidates can complain to the SQA and/or SQA Accreditation or to the SPSO (public services only) ◆ procedure contained within candidate induction materials ◆ logs of complaints received and action taken ◆ analysis of complaints received and any actions arising
<p>Additional sources of information</p>	<p>Customer Complaints and Feedback section on SQA's website: http://www.sqa.org.uk/sqa/25071.html</p>

Category 4: Internal assessment and verification

The centre's internal assessment and verification procedures must be documented, implemented and monitored to meet qualification and SQA requirements.

Note:

Internal assessment: An assessment for an SQA qualification where assessment judgements are made within the centre.

Internal assessments are subject to both internal verification by the centre and external verification by SQA.

This includes assessments which are externally set, but internally marked.

Criterion 4.1	Internal assessment and verification procedures must be documented and monitored to meet SQA requirements.
Awarding body requirements	The centre's internal verification procedures must include the three stages of pre-assessment, during assessment and post assessment.
Impact rating	Medium
Rationale for criterion inclusion	<p>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.</p> <p>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.</p>
Support Information	
Guidance on evidencing the criterion	<p>Centres' documented internal verification policy and procedures must include the three stages of internal verification (pre-assessment, during assessment, and post-assessment).</p> <p>Stage 1 (Pre-assessment)</p> <p>Procedures must cover:</p> <ul style="list-style-type: none"> ◆ how the centre has checked the assessment instruments for validity (currency and fitness for purpose) including SQA-devised assessments ◆ evidence of submitting centre-devised assessments to SQA for prior verification, where appropriate ◆ evidence that all assessors and internal verifiers have a common understanding of the standards required, even when assessments have been published by SQA. <p>Evidence may include: annotation of assessment materials to confirm these have been through an internal quality assurance</p>

	<p>process, records of meetings between assessors to discuss the planned assessment in order to help minimise any differences in interpretation, etc.</p> <p>Stage 2 (During assessment)</p> <p>Procedures must cover:</p> <ul style="list-style-type: none"> ◆ how and when candidate evidence is internally verified ◆ assessment and internal verification records ◆ schedule and records of assessor and internal verifier meetings ◆ records of standardisation activities ◆ how the risk of plagiarism is 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 <p>Sampling candidate evidence</p> <p>Procedures should state the centre's sampling strategy. Centres should consider a risk-based approach to sampling which takes account of factors such as:</p> <ul style="list-style-type: none"> ◆ 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 <p>Stage 3 (Post-assessment)</p> <p>Procedures should state how assessment and internal verification processes are reviewed and updated.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ documented internal verification procedure ◆ minutes of assessor/internal verifier meetings ◆ records of standardisation ◆ records of sampling activity ◆ schedules of internal verification activities ◆ documented feedback to assessors ◆ review records such as action notes, minutes of assessor/internal verifier meetings ◆ internal audit, review records ◆ document control records logging any changes to procedures ◆ notification to staff of changes to procedures
Additional	<ul style="list-style-type: none"> ◆ SQA's <i>Internal Verification: A Guide for Centres offering</i>

<p>sources of information</p>	<p><i>SQA Qualifications</i></p> <ul style="list-style-type: none"> ◆ <i>Internal verification: A Guide for Centres Offering Ofqual Regulated Qualifications</i> includes the purpose and function of internal verification. ◆ Internal Verification Toolkit on QA page of the SQA website ◆ <i>SQA's Guide to Assessment</i> ◆ The National Occupational Standards for Learning and Development include standards on which assessor/verifier practice (and therefore qualifications) are based: <ul style="list-style-type: none"> — the assessment (standard 9) — the internal verification (standard 11) ◆ Sector Assessment Strategies can be found by SVQ Group on SQA's Website.
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Criterion 4.5	Assessment materials and candidate evidence (including examination question papers, scripts and electronically-stored evidence) must be stored and transported securely. Note: This criterion relates to assessment materials for internal assessments only. There is a separate criterion (5.2) relating to external assessment.
Awarding body requirements	Centres must make all staff aware that any breach in the security of the assessment materials published on the secure site must be reported immediately to SQA.
Impact rating	High
Rationale for criterion inclusion	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 SQA Advanced Qualifications 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.
Support Information	
Guidance on evidencing the criterion	The requirements for secure storage and transport should be included in assessment and internal verification procedures, and this must be covered in assessor and internal verifier induction. Centres must have 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. SQA's secure website for centres 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.
Examples of evidence	♦ physical evidence of secure storage of assessment

	<p>materials and candidate assessments</p> <ul style="list-style-type: none">◆ documented procedure for storing assessment materials, notifying SQA of any breaches of security,◆ roles and responsibilities eg of SQA Co-ordinator, assessors◆ assessor and internal verifier induction checklists
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Criterion 4.7	Candidate evidence must be retained in line with SQA requirements.
Awarding body requirements	<p>For SQA Advanced Qualifications, 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.</p> <p>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.</p> <p>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).</p> <p>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 must be retained for five years.</p> <p>Where an investigation of suspected malpractice is carried out, centres must retain related records and documentation for three years. Records must include any work of the candidate and assessment or verification records relevant to the investigation. 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.</p>
Impact rating	High
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	<p>The requirements for retention of candidate evidence must be stated in assessment policies and procedures and covered in induction for assessors and internal verifiers.</p> <p>Candidate assessment evidence may be in electronic, paper, visual or audio formats. It must be stored securely (see criterion 4.5).</p> <p>There are separate requirements for retention of records of assessment outcomes/candidate achievement – see criterion</p>

	6.4.
Examples of evidence	<ul style="list-style-type: none"> ◆ documented retention policy ◆ assessment policy and procedures including retention of evidence ◆ assessor and internal verifier induction checklist ◆ description of the arrangements centres have in place for ensuring SQA verifiers have appropriate access to candidate evidence during verification events ◆ physical evidence of storage of candidate assessment evidence
Additional sources of information	<p>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 <i>The Appeals process: Information for centres</i> (published April 2015)</p> <p>Malpractice: Information for Centres http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf</p>

Criterion 4.8	Internal assessment appeals must be handled in line with a documented procedure which meets SQA requirements.
Awarding body requirements	Centres offering regulated qualifications must inform candidates that they have additional stages of appeal: <ul style="list-style-type: none"> ◆ 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.
Impact rating	Medium
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	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: <ul style="list-style-type: none"> ◆ 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) Centres offering regulated qualifications must inform candidates that they have additional stages of appeal: <ul style="list-style-type: none"> ◆ Appeal to SQA (the awarding body), once the centre's appeals procedure has been exhausted ◆ Appeal 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.

	<p>This may be within the centre's appeals procedure, or a separate document provided to candidates (eg at induction) on regulated qualifications.</p> <p>See criteria 4.7 and 6.4 for information on retention of evidence in the case of an appeal to SQA.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ documented appeals procedure, with appropriate stages ◆ document explaining the rights of candidates for regulated qualifications to appeal to SQA (awarding body) and the appropriate regulator ◆ procedure contained within candidate induction materials ◆ log and records of all internal assessment appeals
Additional sources of information	<p><i>The Appeals process: Information for centres</i> (published April 2015). Appendix 1 of this guide also provides information about regulated qualifications.</p>

Category 5: External Assessment

The centre's external assessment procedures must be documented, implemented and monitored to meet qualification and SQA requirements.

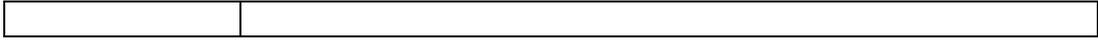
Note:

External assessment: An assessment set and marked by SQA Examiners. There are very few SQA Advanced Qualifications and vocational qualifications which have externally marked elements, so this category will often not apply. National Courses with external assessments, will not be verified under these criteria.

Criterion 5.1	Assessment evidence must be the candidate's own work, generated under SQA's required conditions.
Awarding body 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.
Impact rating	High
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	Centres should have clear allocation of responsibilities, eg of exams officers and invigilators, and be able to demonstrate understanding and correct implementation of SQA requirements for exam conditions, and secure storage and handling of examination papers and candidates' completed examination scripts. Specific requirements for on-line testing should be understood and implemented. Centres must also provide a documented evidence of 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).

<p>Examples of evidence</p>	<ul style="list-style-type: none"> ◆ roles and responsibilities eg of SQA Co-ordinator, exams officer, invigilators ◆ examination procedure documentation ◆ on-line testing requirements ◆ evidence of notification to candidates – eg letters, e-mails, noticeboards ◆ minutes of relevant meetings. ◆ guidance to candidates on malpractice eg at induction ◆ signed candidate disclaimers on coursework ◆ invigilator guidance, roles and responsibilities ◆ procedures for checking candidate identity at examinations ◆ room plans ◆ handbook for Invigilators ◆ inventories ◆ procurement records ◆ ICT requests (eg for assessment arrangements, support for on-line testing) ◆ staff e-mails/memos
<p>Additional sources of information</p>	<p>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):</p> <p>http://www.sqa.org.uk/sqa/files_ccc/PDA%20Dental%20Nursing%20Arr.pdf</p> <p><i>Malpractice: Information for centres (January 2017):</i></p> <p>http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf</p>

Criterion 5.2	Assessment materials and candidate evidence, (including examination question papers, scripts and electronically-stored evidence) must be securely stored and transported.
Awarding body 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.
Impact rating	High
Rationale for criterion inclusion	This is to ensure that the security and integrity of the examination material is maintained throughout the examination diet.
Support Information	
Guidance on evidencing the criterion	Centres approved to deliver qualifications must have suitable practical arrangements in place in all assessment sites 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 with externally-assessed elements 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 responsibility of centres to plan and arrange for the possibility of visits by SQA staff or appointees, as visits may be made without prior notice.
Examples of evidence	<ul style="list-style-type: none"> ◆ physical evidence of secure storage of examination materials and candidate assessments ◆ documented procedure for storing assessment materials, notifying SQA of any breaches of security, checking examination materials upon receipt, and ensuring that examination scripts/assessments are stored and despatched securely. ◆ roles and responsibilities eg of SQA Co-ordinator, exams officer, invigilators
Additional sources of information	http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations



Criterion 5.3	The centre must submit, where appropriate, within published timelines, results services requests.
Awarding body requirements	Qualification-specific requirements for qualifications with externally-assessed elements must be communicated and adhered to within centres.
Impact rating	Medium
Rationale for criterion inclusion	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.
Support Information	
Guidance on verifying the criterion	<p>Appeals procedures for SQA Advanced Qualifications 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.</p> <p>Centres and candidates undertaking external assessments have recourse to two services:</p> <p>Exceptional Circumstances</p> <p>This service will assist candidates who could not sit an exam or who sat an exam but their performance suffered because of exceptional circumstances.</p> <p>Post-results Service</p> <p>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.</p> <p>Centres should have documented processes for managing and submitting requests to SQA.</p> <p>Roles and responsibilities in relation to results services should be clearly defined.</p> <p>Centres should check qualification-specific instructions. Some qualifications with automatic marking of e-assessments may not have these challenge processes in place.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ documented processes for managing and submitting exceptional circumstances and post-results service requests to SQA ◆ roles of responsibilities of staff including responsibility for gathering evidence, making and approving recommendations on submissions to be made, submitting requests ◆ information provided to candidates on qualifications with

	externally-assessed elements at induction about results services
Additional sources of information	<p>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 the results services):</p> <p>http://www.sqa.org.uk/sqa/files_ccc/PDA%20Dental%20Nursing%20Arr.pdf</p> <p>Information on exceptional circumstances and Post-results Services for National Courses:</p> <p>http://www.sqa.org.uk/sqa/65427.html</p>

<p>Category 6: Data Management</p> <p>The centre procedures for supplying complete, current and accurate information to SQA for the purposes of registration, entries and certification must be documented, implemented and monitored to meet SQA requirements.</p>	
Criterion 6.1	Candidates' personal data submitted by centres to SQA must accurately reflect the current status of the candidate.
Awarding body 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. The centre must have a documented procedure for the reinstatement of candidate home addresses (if applicable). 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.
Impact rating	High
Rationale for criterion inclusion	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.
Support Information	
Guidance on evidencing the criterion	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. 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, and implement, 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. 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 check whether candidates have a Scottish Candidate Number (SCN) before sending their details for initial registration. Centres may also have to update

	<p>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.</p> <p>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.</p> <p>Centres must have a data exchange agreement for all candidates to sign and date.</p> <p>Centres must provide details of their system for the secure storage of candidates' personal information, both in hard copy and electronically.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ documented data management policy and procedures ◆ data protection policy ◆ roles and responsibilities eg of data management staff ◆ signed candidate information/data exchange agreements ◆ application and/or enrolment forms including candidate's home address ◆ SQA data showing the addresses held against candidates and their entry, results and certification status. ◆ documented procedure including maintaining records of and updating candidates' home addresses and reinstating home addresses after certification (if the centre address is used for receipt of certificates) ◆ information to candidates, eg at induction, about notifying the centre about any change of address or other personal details
Additional sources of information	<p>Guide to Data Exchange: http://www.sqa.org.uk/files_ccc/Guide-to-Data-Exchange.pdf</p> <p>Instructions within SQA Connect will inform centres on how to notify SQA of changes to home addresses <i>Induction Guide for SQA Co-ordinators</i></p>

Criterion 6.2	Data on candidate entries submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.
Awarding body requirements	<p>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.</p> <p>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.</p> <p>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.</p> <p>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').</p> <p>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.</p> <p>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.</p>
Impact rating	High
Rationale for criterion inclusion	<p>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:</p> <ul style="list-style-type: none"> ◆ 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. <p>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.</p> <p>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.</p> <p>Entries cannot be accepted for qualifications which the centre</p>

	is not approved to offer, or if the qualification is finished or in its lapsing period.
Support Information	
Guidance on verifying the criterion	<p>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.</p> <p>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, and implement, 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.</p> <p>Completion dates for an SQA Advanced Qualification course can be up to four years from the date of entry. There is currently no enforceable lapse period for SQA Advanced qualifications.</p> <p>Completion dates for units can be up to two years from the date of entry but cannot go beyond the SQA's finish date of the qualification.</p> <p>Completion dates for an SVQ can be up to five years from the date of entry but cannot go beyond the SQA's finish date of the qualification.</p> <p>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.</p> <p>The centre, 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.</p> <p>SQA Navigator can be used to check the approval status of qualifications, and the completion dates and entry status codes of candidates. The qualifications have 1 of 5 status codes:</p> <ul style="list-style-type: none"> ◆ Status Code 1 - Open Entry ◆ Status Code 2 - Withdrawn Entry ◆ Status Code 3 - Provisional Result

	<ul style="list-style-type: none"> ◆ Status Code 4 - Final Result ◆ Status Code 5 - Certificated Result <p>Any issues identified by Qualification Verifiers regarding discrepancies between entries submitted to SQA and current candidates will be referred to SQA and reported to the Systems Verifier.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ documented data management policy and procedures, including procedures for gathering and submitting entries and cleansing entry data ◆ internal records of entries ◆ candidate records on SQA Navigator
Additional sources of information	<p>Guide to Data Exchange: http://www.sqa.org.uk/files_ccc/Guide-to-Data-Exchange.pdf</p> <p>Instructions within SQA Connect <i>The Induction Guide for SQA Co-ordinators</i></p>

Criterion 6.3	Data on candidate results submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.
Awarding body requirements	Centres must ensure that candidates seeking certification for a full SVQ, SVQ unit, a Workplace Core Skill 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).
Impact rating	High
Rationale for criterion inclusion	This is to ensure that centres submit results at the appropriate time to: <ul style="list-style-type: none"> ◆ 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
Support Information	
Guidance on evidencing the criterion	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, and implement, 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. The 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. Note: There are specific requirements and published key dates for National Qualifications, but only SQA Advanced Qualification and Vocational qualifications will be covered in Systems Verification during the period 2015–18. These are not subject to published timelines.
Examples of evidence	<ul style="list-style-type: none"> ◆ data management policy and procedures ◆ assessment and internal verification procedures ◆ resulting records ◆ candidate records on SQA Navigator

Additional sources of information	Guide to Data Exchange: http://www.sqa.org.uk/files_ccc/Guide-to-Data-Exchange.pdf Instructions within SQA Connect The <i>Induction Guide for SQA Co-ordinators</i>
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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.
Awarding body requirements	<p>Centres must retain records for one calendar year following completion of qualifications:</p> <ul style="list-style-type: none"> ◆ 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 <p>Centres delivering Ofqual regulated qualifications must retain assessment records for 3 years.</p> <p>These records must be made available to the external verifier and SQA on request. Records must be stored securely and in a retrievable format.</p> <p>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.</p> <p>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.</p>
Impact rating	Medium
Rationale for criterion inclusion	<p>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.</p> <p>It also helps to maintain national standards by allowing for the review of assessment over time.</p>

Support Information	
Guidance on evidencing the criterion	<p>Centres must provide details of their system for the accurate recording and storage of candidate records.</p> <p>Centres should address this requirement within their documented data management procedures.</p> <p>Physical evidence of the secure storage of records may be looked at by the SV.</p>
Examples of evidence	<ul style="list-style-type: none"> ◆ details of candidate assessment, including the name of the assessor, location, date and outcome ◆ results sheets/records ◆ portfolio log sheets ◆ secure storage policy ◆ physical evidence of secure storage ◆ records of internal verification activity ◆ certificates claimed
Additional sources of information	<ul style="list-style-type: none"> ◆ Table of retention requirements for assessment records: https://www.sqa.org.uk/sqa/files_ccc/Retention_of_candidate_assessment_records_A3_table.pdf ◆ <i>Guide to Assessment</i> ◆ <i>Internal Verification: A Guide for Centres offering SQA Qualifications</i> ◆ Guidance document on External Verification visits contains information on planning for external quality assurance visits ◆ Induction Guide for SQA Co-ordinators on SQA's website contains information on Managing Your Data. ◆ <i>The Appeals Process: Information for centres</i> ◆ Malpractice: Information for Centres http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf