



# Guide to Systems Verification for Verifiers

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The Optima Building, 58 Robertson Street, Glasgow G2 8DQ  
Lowden, 24 Wester Shawfair, Dalkeith, Midlothian EH22 1FD

[www.sqa.org.uk](http://www.sqa.org.uk)

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## Change log: August 2016, February 2017

Page 8 – Preparing yourself for the visit: first paragraph	First sentence changed to ' <i>It may be appropriate to ask the centre to send some documentary evidence electronically in advance...</i> '
Page 13 – Explaining your verification decision, Note	First sentence changed to ' <i>You will recommend sanctions within your report and must also inform the centre of your recommended sanctions at the verbal feedback.</i> '
Page 17 – Required action point dates	Second sentence changed to: 'To enable SQA and Verifiers to work to the same timescales and to assist with standardisation of sanctions, we actively encourage required action dates to be set as the same two <i>specified</i> dates each month'. Sentence added: 'You should pick the date which is most appropriate for the centre, a minimum of one month after the required action is notified to the centre'. Table of dates deleted.
Page 18, After submitting your report to SQA, third paragraph	Sentence added: 'Risk ratings may be increased and sanctions may be applied if the centre does not address the action plan to the satisfaction of the SV within the revised timescale set'.
Page 23, Criterion 1.3, Awarding body requirements	First sentence changed to: 'Procedures or roles and responsibilities specifying that information is required on ...'
Page 23, 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 25, 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 27, 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 28, 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 29, Criterion 1.5, Examples of evidence	First bullet point changed to: 'documented malpractice policy and procedure, covering both candidate and centre malpractice, including definitions <i>in line with SQA definitions...</i> '
Page 29, 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 30, 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 <i>qualification in question, as for all records of assessment (see criterion 6.4)</i> , including details of the action taken to mitigate against the conflict of interest.
Page 38, Criterion 2.3, Awarding body requirements	First sentence changed to: ' <i>Colleges in Scotland</i> with devolved authority for approval ...'
Page 40, 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 <i>documentation that they will use to record checks undertaken</i> '. Second paragraph changed to: ' <i>Guidance on use of assessment sites</i>

	<i>owned by other organisations</i> is available on SQA's website. <i>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</i> .
Page 40, Criterion 2.5, Examples of evidence	Second bullet point changed to: 'completed site selection checklists ( <i>or other documentation covering the same points</i> )'.
Page 40, Criterion 2.5, Additional sources of information	Changed to: Guidance document on use of assessment sites not owned or managed by the centre, including exemplar checklists: February 2017 – link to guidance document added
Page 43, Criterion 3.4, Rationale for criterion inclusion	Second paragraph, last sentence added: 'All the protected characteristics must be covered in the centres policy'.
Page 43, Criterion 3.4, Guidance on evidencing the criterion and Examples of evidence	References to criterion 3.6 changed to 3.5
Page 46, 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 47, 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 47, 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 <i>or to the SPSO (public services only)</i> '.
Page 53, Criterion 4.7, Awarding Body Requirements	<p>First paragraph changed to: "<i>For HN, NC, NPA and NQ units (not part of new Nationals or Awards)</i>, 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". 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 54, 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>
Page 58, 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 63, Criterion 6.1, Awarding body requirements	First paragraph changed to: 'Candidates' home addresses must be used, other than in <i>reasonable</i> circumstances (eg if the candidate does not have

	<p>a home address). If the centre changes the address to receive the certificates, they <i>should</i> 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)'.</p>
<p>Page 64, Criterion 6.1, Examples of evidence</p>	<p>Sixth bullet point added: 'SQA data showing the addresses held against candidates and their entry, results and certification status'.</p>
<p>Page 71, Criterion 6.4, Awarding body requirements</p>	<p>Sentence added: 'Centres delivering Ofqual regulated qualifications must retain assessment records for 3 years'.</p> <p>February 2017, last sentences added: "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>
<p>Page 72, 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>

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# Introduction

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

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

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

## Structure of guidance

The guidance has been developed in five main sections, mirroring the stages of the systems verification process.

Part B provides specific guidance in relation to verifying each quality assurance criterion for systems. This information is also made available to centres in the Guide to Systems Verification for Centres.

SQA's Quality Assurance Criteria have been written to cover SQA's four quality assurance processes.

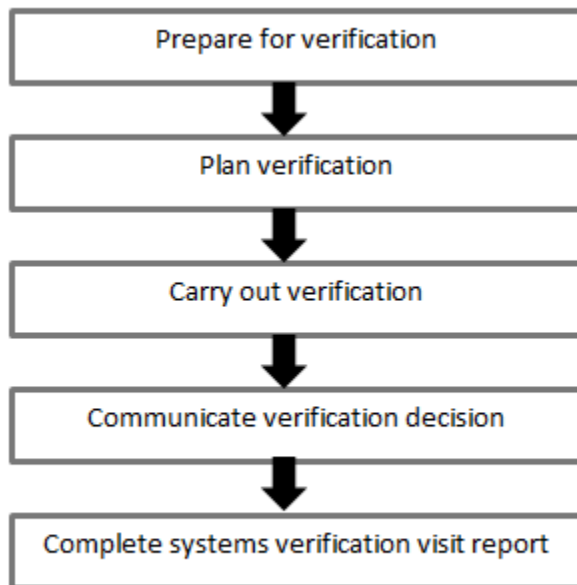
## Essential and additional information

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



## The main stages of the systems verification process

The systems verification process comprises five main stages:

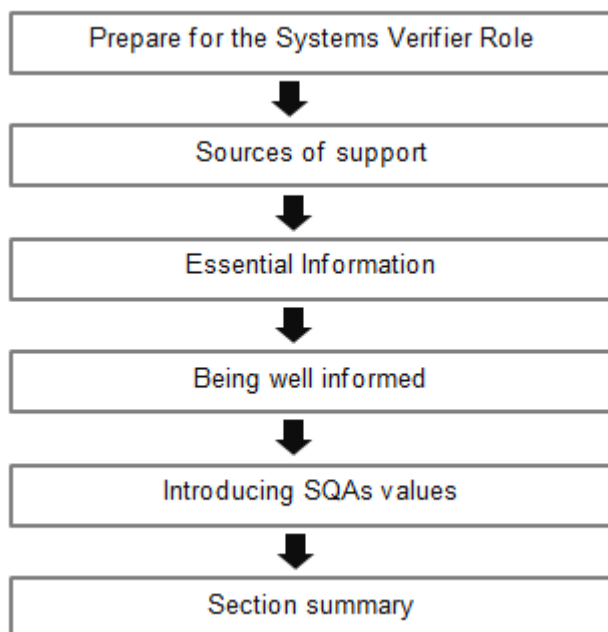


The above stages have been used as section headings for this guidance document.

# Part A: Systems verification processes and practice

## 1 Prepare for systems verification

The first section of this guidance document focuses on:



### Preparation for the Systems Verifier role

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

As part of your responsibilities you are required to have an in-depth understanding of all documentation, duties, tasks and procedures associated with systems verification. As a new SV, this understanding will come from a combination of:

- ◆ induction training
- ◆ field support (eg accompanied visits)
- ◆ self-research/study
- ◆ ongoing SQA staff support
- ◆ QEM/Colleague support
- ◆ quality assurance web pages
- ◆ SQA's quality assurance appointee web pages

All SVs have a duty to maintain an up-to-date understanding of systems verification. SQA's policy and procedures on maintaining continuing professional development (CPD) and

recording it (this is a contractual requirement) can be found on SQA's appointee management website.

## Sources of support

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

### Source of support

### Nature of support

Approval and Systems Verification (ASV)  
Contact details:

Information relating to organising systems verification visits

Tel: 0345 213 5189  
E-mail: [asv@sqa.org.uk](mailto:asv@sqa.org.uk)

Template forms, information about systems verification

Quality Enhancement Managers  
Contact details:  
Tel: 0345 213 5189  
E-mail: [asv@sqa.org.uk](mailto:asv@sqa.org.uk)

Information relating to the systems requirements for approved centres

Business Development Managers  
Contact details:  
Tel: 0303 333 0330  
E-mail: [mycentre@sqa.org.uk](mailto:mycentre@sqa.org.uk)

Information relating to specific centre approval queries

## Essential information

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

The following information is considered essential:

- ◆ SQA's Quality Assurance Criteria: requirements and guidance — Part B of this document
- ◆ SQA's Appeals Procedures
- ◆ Assessment Arrangements Guidance
- ◆ Requirements for information management, data protection and confidentiality
- ◆ Guide to Approval
- ◆ Guide to Assessment
- ◆ Internal Verification: A Guide for Centres offering SQA Qualifications
- ◆ Quality assurance web pages
- ◆ QA appointee web pages

## Being well informed

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

- ◆ want feedback which adds value
- ◆ like to feel that the information and advice they are being given is accurate, up to date and consistent across all centres
- ◆ want to be treated fairly and consistently by each Systems Verifier they deal with

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

- ◆ assured that the advice and support they are giving is correct and up-to-date
- ◆ secure in the knowledge that their decisions and feedback are based on known SQA policy and procedures

It is important and of benefit to you to keep up to date with ongoing developments with SQA's quality assurance. These may be in the form of SQA website updates and e-mail updates sent out from the Approval and Systems Verification (ASV) section of SQA.

## Introducing SQA's values

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

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

- ◆ Trusted — We follow agreed procedures and are open and honest in our communications
- ◆ Progressive — We view new and unfamiliar approaches with an open mind, whilst ensuring quality is maintained
- ◆ Enabling — We work in partnership with SQA centres to achieve common goals of excellence and consistency

## This section in summary

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

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

You have a responsibility to prepare yourself as a Systems Verifier to carry out your role. This is an ongoing responsibility and as systems verification procedures continue to evolve, there are always aspects of your professional practice that require development. Good CPD

planning can assist with this process. It is your responsibility to operate in line with SQA's values.

## 2 Plan for systems verification

This section includes:

- ◆ Visit planning — steps and procedures
- ◆ The visit planning process
- ◆ Approach to visit planning

### Visit planning — steps and procedures

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

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

Each step is supported with important SQA procedural information. This information is important in helping you fully understand the role that visit planning has in the overall success of systems verification visits.

### The visit planning process

Step	Procedure
1. Accept allocations from SQA	Accept the allocation(s) on the Quality Assurance Management Systems (QAMS) within 3 working days.

Allocations will be distributed to Systems Verifiers quarterly.

#### Within 1 week of accepting allocation(s)

2. Systems Verifier makes initial contact with each centre and ascertains if a visit is feasible	Contact the centre with a brief introduction informing the centre of the proposed visit. Initial and ongoing contact should be with the centre's SQA Co-ordinator. Once the date is agreed with the centre, notify ASV. Where a centre cannot be contacted, record this on QAMS.
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3. Formulate Visit Plan
- Create a Visit Plan on QAMS. This stage of the process may involve some further dialogue/e-mail communication with the centre to ensure clarity.
- This should be completed at least 2 weeks prior to the visit.

## **Approach to visit planning**

The following guidance amplifies the steps highlighted in the previous table under 'Visit planning — steps and procedures'.

**Note:** You are advised to use e-mail as a method of communication with centres. It is important that you always use your own personal e-mail address which should have a professional-looking user name (QEMs have SQA e-mail addresses). To comply with data protection legislation, please do not use an e-mail address that is not your own.

### **1 Accept centre allocations from SQA**

All allocations are released to you by ASV each quarter via QAMS. Please either accept or decline each allocation within 3 days. SQA may re-allocate the centre/centres to another Systems Verifier if no response is received within this timescale. If you feel there is a conflict of interest with any of the centres you have been allocated, are unable to carry out any visits, or you have queries relating to your allocation, you should contact ASV.

### **2 Make initial contact with each centre**

The purpose of the initial contact is to ascertain the best time to conduct a visit. By telephoning or sending an e-mail to each centre there is a sharing of responsibility in identifying an optimum time to visit.

You should ask for e-mail contact details for the head of centre. This will only need to be used in the event of any category outcome rating for the centre being Weaknesses Outweigh Strengths or Significant Weaknesses.

### **3 Formulate Visit Plan**

As part of preparations for completing the Visit Plan you will be required to ask your allocated centre(s) for availability of candidates, assessor(s) and internal verifier(s) to enable interviews to take place during the visit.

### **4 Send visit planning documentation**

The Visit Plan will automatically transmit to the centre Co-ordinator via the QA Management System.

### 3 Carry out systems verification

This section includes:

- ◆ Preparing yourself for the visit (practical checklist)
- ◆ Agreeing the running order of the visit
- ◆ Conduct sampling activities:
  - Conducting interviews
  - The referencing of evidence to the criteria
- ◆ Judging evidence in relation to each criterion:
  - Identifying good practice
  - Making recommendations
  - Agreeing action points
  - Sufficiency of evidence

#### The stages of systems verification

The following sections outline the stages associated with conducting the systems verification activities you planned for and communicated to the centre.

#### Preparing yourself for the visit (practical checklist)

It may be appropriate to ask the centre to send some documentary evidence electronically in advance or ask for remote access to their systems (eg staff intranet, candidate portal), where possible. The centre should give you advice on accessing and navigating their systems, if necessary. The key evidence to request in advance is relevant policies and procedures, but the centre may also give you access to other evidence, such as information given to candidates. This would allow you to prepare for the visit and give more time on the day for asking questions, seeking clarification and discussing development points.

You can use SQA's Navigator system for checking the centre's data (eg for home addresses of candidates, date of entries, entries beyond completion dates — see Part B, Quality Assurance Criteria, Category 6: Data Management).

When preparing to visit a centre, it is important to consider domestic-type arrangements such as checking:

- ◆ you have appropriate forms — eg worksheets
- ◆ if accommodation and travel will be necessary, and booking in advance with SQA using the Travel and Accommodation Request (TARE) form
- ◆ the address of the site you are visiting (there could be a number of sites/campuses)
- ◆ you have contact numbers with you just in case you are delayed
- ◆ the weather forecast — informing the centre of possible delays and contingencies
- ◆ car parking arrangements and car parking fees
- ◆ you have some form of identification with you
- ◆ you have enough money for lunch and breaks (centres are not duty bound to provide lunch/refreshments)

- ◆ you are appropriately dressed for business — if working abroad it is important to observe local customs/traditions (ie dress codes, times of prayer, etc)

## **Agreeing the running order of the visit**

At the beginning of a systems verification visit, it is important to agree the running order of the day. The Visit Plan is a good place to start conversations with regard to the location of evidence, availability of assessors, internal verifiers and candidates for interview, and domestic arrangements such as location of fire exits, toilets and lunch arrangements. This also allows the centre to resource the visit in the best way it can as staff and candidates may only have a limited window of time to meet with you.

This scene-setting opportunity also gives the centre an opportunity to discuss any issues that have meant changes to the original plan prior to the visit getting underway, for example, staff absence.

## **Conducting interviews with assessors/verifiers/candidates**

Interviews with assessors and verifiers give you a valuable insight into how the centre's processes and procedures are managed in practice. Interviews also allow you to raise any queries you have.

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.

**Note:** it is important that you do not record the names of any candidates within your final report. Further information will be given within the section on 'completing the systems verification visit report'.

## **The referencing of evidence to criteria**

You should review all documented policies and procedures operating in the centre against the systems verification criteria listed in SQA's Quality Assurance Criteria.

**Note:** evidence may be in the form of electronic files rather than paper documentation. You should not ask for information to be printed, unless absolutely necessary.

The worksheets are provided as a support to assist you in the taking of accurate notes on the visit. Worksheets can also assist in the verbal feedback session on the day. They are also important evidence in the case of queries or appeals from centres.

## **Judging evidence in relation to each criterion**

Once you have conducted all planned systems verification activities you will be in a position to make a judgement in relation to each criterion.

Your judgements will result in you providing feedback (covered in next section) in relation to four main categories:



- ◆ the identification of good practice
- ◆ making recommendations
- ◆ agreeing action points
- ◆ sufficiency of evidence

### **Identifying good practice**

For the purposes of systems verification, we define good practice as effective practice within an organisation that others may benefit from adopting or adapting.

It is important that when you carry out systems verification activity you identify good practice where it exists. Centres like to be recognised for the procedures and/or practices that are particularly effective.

It is important that where good practice exists, it is commented on and included in your report.

If the same good practice exists as identified during a previous visit(s), it is still acceptable to comment on it as it is still good practice which is being maintained.

**Note:** It is vitally important to each of the three main parties concerned that the communication of the visit outcome is clear and detailed for each visit.

### **Making recommendations**

Recommendations are made so that a centre may enhance their existing provision. They are not mandatory and the centre does not need to act upon them.

### **Agreeing required action points**

Required action points do need to be acted upon and are given when a judgement has been made that there is insufficient evidence, little evidence or no evidence.

### **Sufficiency of evidence**

**Green: Sufficient evidence** — this means that the centre has provided evidence that fully meets the criterion (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 (ie there are required action points).

In deciding on the sufficiency of evidence you are looking for evidence to show that the centre meets each criterion.

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

Examples of evidence sources have been provided in Part B. As the guidance states, these are only examples and it will be quite common for centres to provide evidence that does not match the examples of evidence shown on the list. The list indicates possible sources of evidence. It is important that you keep an open mind to what is possible and remember that different names are often used for things that can perform the same function, eg personal development plans/personal action plans, appraisal forms/performance reviews.

In line with the principle of keeping an 'open mind' to evidence sources, SQA has mostly used generic terms for the examples given and has avoided listing very specific evidence terms so as not to give the impression that a 'shopping list' of items is required to enable a decision of sufficiency to be made.

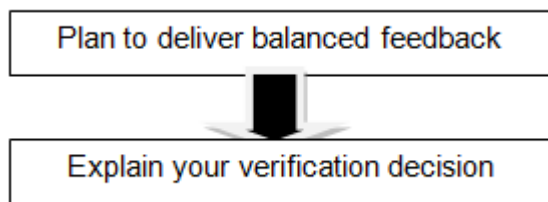
## 4 Communicate the systems verification decision

This section includes:

- ◆ planning to deliver balanced feedback
- ◆ explaining your systems verification decision

### The stages of communicating the systems verification decision

The following flowchart outlines the stages associated with planning your feedback and then communicating your systems verification decision to centre staff.



### Planning to deliver balanced, well-constructed feedback

Once you have completed all of your systems verification activities, you will be in a position to communicate your systems verification decisions on criteria and category outcome ratings to relevant centre staff.

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

It is important that the feedback given to centre staff covers positive comments relating to the criteria you felt were met as well as comments relating to good practice, recommendations and action points (where applicable). In other words, your feedback should be balanced. You may wish to keep in mind the 'feedback sandwich' (positive, negative, positive) when giving feedback.

Where you have given agreed action points it is important that the actions don't become the only focus of the feedback session. Where the centre has provided sufficient evidence (which should be common for most criteria and for the majority of visits) their efforts in providing sufficient evidence should be recognised. It is important they know why the evidence you have sampled has been deemed 'sufficient'.

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

No specific guidance can be given on the time that should be given to the provision of feedback. However, there is generally an understanding that time spent on this phase is time

well spent if the efforts of all concerned are to be given the appropriate level of importance and value.

There is an investment in time and effort by:

- ◆ each centre in reaching the point of providing you with all documentation for your visit
- ◆ you in terms of organising the visit, planning it, conducting it, and writing up reports
- ◆ SQA in terms of managing and quality controlling the external quality assurance process

## Explaining your verification decision

It is imperative that before you make a final decision relating to the criterion in terms of sufficient evidence you have in your possession all the relevant information relating to that criterion. If a decision of 'insufficient evidence', 'little evidence' or 'no evidence' is being made, it will be assumed that you have already considered all possible sources of evidence, and where possible, have talked with those concerned to check all avenues have been covered.

Having made a decision in relation to each criterion, you should explain your decision along with the rationale for making it to relevant centre staff and at the same time, communicate the systems verification outcome rating for each category of either: Significant Strengths, Strengths Outweigh Weaknesses, Some Strengths and Some Weaknesses, Weaknesses Outweigh Strengths, Significant Weaknesses.

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

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

Where your verification decision results in the centre having to take action in relation to specific criterion, the required action should be communicated verbally before the end of the visit. If the overall outcome rating for a category is Weaknesses Outweigh Strengths or Significant Weaknesses you should also ask for the head of centre to be present at the feedback session, due to the possibility of sanctions.

**Note:** You will recommend sanctions within your report and must also inform the centre of your recommended sanctions at the verbal feedback. These range from entry in an action plan to suspension or removal of centre approval. Sanctions should be proportionate and relevant to the issues identified. 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.

There is no guarantee that SQA will necessarily apply the recommended sanction.

The communication of the systems verification decisions normally constitutes the last part of the overall verification visit. It is understood that the duration of a visit will vary depending on a number of factors.

## **Feedback to SQA**

The centre will be sent a link to a Centre Feedback form with the report of the visit. You should encourage the SQA Co-ordinator to complete this feedback and send it to SQA, as this will provide you with valuable information to confirm that your verification practice is effective or that you may need to make future improvements.

## **Appeals**

If a centre disagrees with SQA's decision on the outcome of systems verification, required actions and/or sanctions placed as a result, it can appeal. You should advise the representatives of the centre about this at the feedback session. Full details of the appeals procedure are available in the SQA document *The Appeals Process: Information for Centres*.

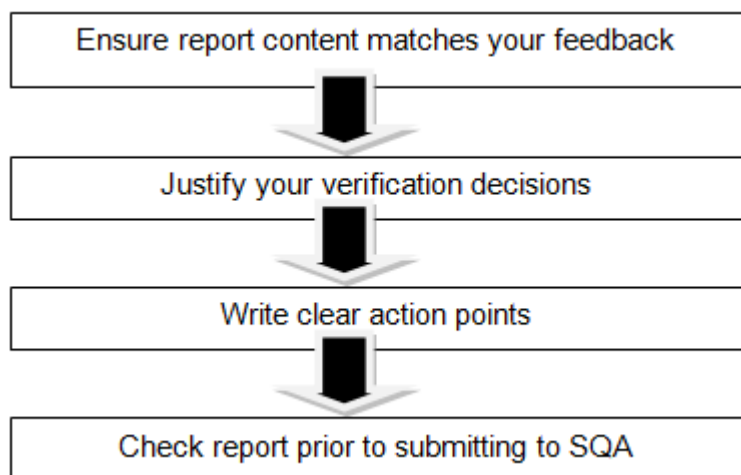
## 5 Complete the systems verification report

This section includes:

- ◆ ensuring report content matches your feedback
- ◆ justifying your systems verification decisions
- ◆ writing clear action points
- ◆ checking your report prior to submitting to SQA

### The stages of completing your systems verification report

The following flowchart outlines the stages associated with writing up your report and checking it prior to submitting it to SQA.



This last section covers general guidance on completing the systems verification report. It does not go into detail as to how each section of the report should be completed as this will be covered in the guidance contained within the report form.

### The report content should match your feedback

Your report should not hold any surprises. Required action points should never be altered or extended post-visit after feedback has been given and agreed.

### Recording decisions that you can justify

As the focus of the SQA's quality assurance system is based on establishing sufficiency of evidence in relation to each criterion, you are looking for evidence of what the centre is actually doing to show they comply.

In summary, the comments section relating to each criterion should include comments on the sources of evidence you have seen to justify your verification decision.

## Writing clear required action points

When centres are given required action points they must be written based on the SMART objectives principle. This means that required action points must be:

**Specific** — Centres should be clear in terms of the action they need to take to close-off the action point.

**Measurable** — How will SQA or the centre know that the action point has been met and what will be the measure of success?

**Achievable** —The centre must have sufficient time in which to achieve the agreed action. Please factor in the time it takes for SQA to receive, process and edit the report and send it to the centre.

**Relevant** —The action must directly relate to the criterion.

**Time bound** — Agree a specific date for the action to be completed by.

Example of SMART action point:

	Criteria	Impact	Compliance level	Comments	Required Action	Evidence type/  required by date
1.1	Policies and procedures must be documented and reviewed to ensure full compliance with SQA quality criteria.	High	Amber	There was evidence that some documented policies and procedures had recently been reviewed. However, there was no evidence of outcomes or reviews having been recorded or actioned.	The centre must document its proposed schedule for reviewing its quality management system on an ongoing basis. This must include how the centre will record and action reviews and ensures that all staff are made aware of changes made.	Electronic, 31 August 2015

Centres might have to be reminded at this point that they should submit completed evidence for each required action point to [asv@sqa.org.uk](mailto:asv@sqa.org.uk) rather than to the Systems Verifier. This ensures that required actions can be tracked by SQA.

## **Checking your report prior to submitting it to SQA**

### **Naming staff and candidates in reports**

It is permissible to name centre staff, for example, assessors, internal verifiers and SQA Co-ordinators in visit plans or systems verification reports, but you should refrain from either criticising or praising named individuals in your reports.

For data protection reasons it is not permissible to mention the names of candidates. However, you can identify candidates by their Scottish Candidate Number (SCN).

### **Required action point dates**

Where a number of required action points have been identified it is beneficial to establish a single date by which all actions have to be achieved. Where a single date is not feasible, eg because a particular required action point requires more urgent attention than the rest, it is acceptable to allocate a separate date(s).

To enable SQA and Verifiers to work to the same timescales and to assist with standardisation of sanctions, we actively encourage required action dates to be set as the same two specified dates each month. You should pick the date which is most appropriate for the centre, a minimum of one month after the required action is notified to the centre. By setting one of the two action dates, this will allow SVs to plan and manage their evidence reviews around other commitments they may have and enable SQA to track and monitor evidence being submitted for review at specified times of the month.

### **Systems verification visit reports should be written professionally**

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

Read your report back for overall cohesiveness and clarity.

Check your reports for accuracy, spelling and grammar before submitting to SQA.

The following SQA publications can assist you with report writing:

[http://www.sqa.org.uk/files\\_ccc/Writing\\_for\\_SQA\\_part\\_A.pdf](http://www.sqa.org.uk/files_ccc/Writing_for_SQA_part_A.pdf)

[http://www.sqa.org.uk/files\\_ccc/Writing\\_for\\_SQA\\_part\\_B.pdf](http://www.sqa.org.uk/files_ccc/Writing_for_SQA_part_B.pdf)

### **Submitting your report to SQA**

It is advisable to write your report as soon as possible after the visit when the details are still fresh in your mind. SQA guidelines state that you must complete and submit your report



within 5 working days of the visit taking place. QEMS will submit their reports within 5 working days on QAMS. Systems Verifiers are required to submit their report on QAMS to ASV who then send it on QAMS to the QEM who is assigned to mentor the Systems Verifier. The QEM may require that the SV make changes to the report and re-submit it. This complete process should be completed within 10 working days of the visit.

Guidance on how to complete the visit report can be found on SQA's appointee website and on QAMS.

### **After submitting your report to SQA**

Quality Enhancement Managers (QEMs) will submit their report directly on QAMS, and the Quality Assurance Logistics Team will forward the report to the centre as a pdf file.

Once the QEM has approved an SV's report, they will submit it to the Quality Assurance Logistics Team, who will send it to the centre as a pdf file.

If your report included agreed action point(s), an evidence report will be generated detailing the actions and deadlines for the centre to send the evidence. On receipt of the evidence associated with the agreed action point(s) from the centre, SQA will forward the evidence to you for your acceptance (or otherwise) and you should complete the evidence report on QAMS reflecting the evidence you have received. This may allow you to sign off on required actions. If the appropriate evidence is not received, the required action will remain and decisions on next steps will be taken through the standardisation process. Risk ratings may be increased and sanctions may be applied if the centre does not address the action plan to the satisfaction of the SV within the revised timescale set.

# Part B: SQA's Quality Assurance Criteria: requirements and guidance

## About this resource

The resource is designed to provide support for those working with SQA's Quality Assurance and who have a direct or indirect role in quality assuring SQA systems.

## Features

The resource is designed to:

- ◆ promote transparency and consistency in the interpretation of criterion requirements
- ◆ allow access to essential information quickly — it is deliberately not too wordy, but provides hyperlinks for further reading where more information is sought
- ◆ allow information to be accessed on a per criterion basis — the resource mirrors the categories of the systems verification Visit Report.
- ◆ provide SQA requirements and guidance relating to each criterion — making a clear distinction as to what is a requirement and what is purely guidance

## 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**

<b>Criterion 1.1</b>	Policies and procedures must be documented and reviewed to ensure full compliance with SQA quality criteria.
<b>Awarding body requirements</b>	<p>The quality system must be documented.</p> <p>Outcomes of reviews must be recorded and actioned.</p> <p>There must be a system of version control for documentation.</p>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	<p>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.</p> <p>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.</p>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>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.</p> <p>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.</p> <p>Version control could be evidenced by version numbers and dates of the last review recorded on documentation (eg as a footer on every page).</p> <p>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</p>

	<p>to keep track of what changes were made, when and by whom.</p> <p>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>
<b>Examples of evidence</b>	<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>
<b>Additional sources of information</b>	<p>The guidance relating to specific policies and procedures is detailed in the supporting information for the relevant quality criteria below.</p>

<b>Criterion 1.2</b>	Policies and procedures must be endorsed by senior management and disseminated to all relevant staff.
<b>Awarding body requirements</b>	None in addition to the wording of the criterion.
<b>Impact rating</b>	Low
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	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.
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ statement from Chief Executive</li> <li>◆ foreword from senior management in quality manual</li> <li>◆ senior manager/committee responsibility for development and review of policies stated on documents</li> <li>◆ signature of senior manager on master document</li> <li>◆ distribution list</li> <li>◆ statement or procedure regarding dissemination to staff</li> <li>◆ minutes of meetings including discussion of policy and procedures</li> <li>◆ staff induction materials</li> </ul>

<b>Criterion 1.3</b>	SQA must be notified of any changes that may affect the centre's ability to meet the quality assurance criteria.
<b>Awarding body requirements</b>	<p>Procedures or roles and responsibilities specifying that information is required on:</p> <ul style="list-style-type: none"> <li>◆ Change of premises</li> <li>◆ Change of head of centre, owner or SQA Co-ordinator</li> <li>◆ Change of name of centre or business</li> <li>◆ Change of contact details</li> <li>◆ Outcome of internal/external investigations</li> <li>◆ Removal of centre and/or qualification approval by another awarding body</li> <li>◆ Lack of appropriate assessors or internal verifiers</li> </ul>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	This information is required to enable SQA to minimise possible risks and to provide centres with additional support if required.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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>
<b>Examples of evidence</b>	Specific mention of what is to be notified within appropriate roles and responsibilities.

	Evidence of communication of changes (if appropriate).
<b>Additional sources of information</b>	SQA's website contains information on amending centre details. This can be done on SQA Connect.

<b>Criterion 1.4</b>	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.
<b>Awarding body requirements</b>	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.
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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"> <li>◆ To be the first point of contact between the centre, SQA and candidates (criterion 1.7)</li> <li>◆ To ensure policies and procedures are in place to support the quality assurance process (criterion 1.1)</li> <li>◆ To ensure that policies and procedures are reviewed regularly and updated in line with current SQA guidance and with centre decisions (criterion 1.1)</li> <li>◆ To ensure that the most current version of all documentation is used (criterion 4.1)</li> <li>◆ To enable internal verifiers and assessors to meet on a regular basis (criterion 4.1)</li> <li>◆ To support the sharing of best practice amongst assessors and internal verifiers (criterion 4.1)</li> <li>◆ To liaise between SQA quality assurance staff and assessors/internal verifiers when SQA quality assurance staff wish to visit (criterion 1.9)</li> <li>◆ To circulate the subsequent quality assurance report to appropriate personnel (criterion 1.10)</li> <li>◆ To ensure that any required actions and development points</li> </ul>



	<p>identified in a quality assurance report are discussed and acted upon (criterion 1.10)</p> <ul style="list-style-type: none"> <li>◆ 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)</li> <li>◆ To ensure relevant centre staff check for Scottish Candidate Number (SCN) of new candidates (criterion 6.1)</li> <li>◆ To notify SQA of any changes which may affect the centre's ability to meet the criteria (criterion 1.3)</li> </ul> <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><b>Examples of evidence</b></p>	<ul style="list-style-type: none"> <li>◆ organisational chart showing the relevant people involved in the SQA programme</li> <li>◆ person specification/job role (if SQA responsibilities are included)</li> <li>◆ changes to the deployment of assessors/internal verifiers</li> <li>◆ information on method of dissemination of this information</li> <li>◆ documented system or procedure for managing partnerships and sub-contracts</li> <li>◆ signed contract, partnership agreements or memoranda of understanding for sub-contracts or partnerships</li> </ul>
<p><b>Additional sources of information</b></p>	<ul style="list-style-type: none"> <li>◆ <i>Induction Guide for SQA Co-ordinators</i></li> <li>◆ SVQs – a user's guide for assessor and internal verifier roles and responsibilities</li> <li>◆ SQA Learning and Development Units for assessor and internal verifier roles and responsibilities</li> </ul>

<b>Criterion 1.5</b>	Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements.
<b>Awarding body requirements</b>	<p>The policies and procedures for malpractice must cover both malpractice by candidates and malpractice by centre staff.</p> <p>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"> <li>• 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; <b>and/ or</b></li> <li>• Damages the authority, reputation or credibility of SQA or any officer, employee or agent of SQA.</li> </ul> <p>Malpractice can arise for a variety of reasons:</p> <ul style="list-style-type: none"> <li>• Some incidents are intentional and aim to give an unfair advantage or disadvantage in an examination or assessment (deliberate non-compliance);</li> <li>• Some incidents arise due to ignorance of SQA requirements, carelessness or neglect in applying the requirements (maladministration).</li> </ul> <p>Malpractice can include both maladministration in the assessment and delivery of SQA qualifications and deliberate non-compliance with SQA requirements.</p> <p>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"> <li>◆ Reporting</li> <li>◆ Investigation</li> <li>◆ Communicating outcomes</li> <li>◆ Sanctions</li> <li>◆ Actions</li> <li>◆ Appeals</li> <li>◆ Record-keeping</li> </ul>

	<ul style="list-style-type: none"> <li>◆ Retention of records of all investigations of malpractice to be provided to SQA on request (see criteria 4.7 and 6.4)</li> </ul> <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>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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"> <li>◆ 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.</li> <li>◆ 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.</li> </ul> <p>Candidates have the right to appeal to SQA where:</p> <ul style="list-style-type: none"> <li>◆ the centre has conducted an investigation, the candidate disagrees with the outcome and has exhausted the centre's appeals process</li> <li>◆ SQA has conducted an investigation and the candidate disagrees with the decision</li> </ul> <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</p>

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

<b>Criterion 1.6</b>	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.
<b>Awarding body requirements</b>	None in addition to the wording of the criterion.
<b>Impact rating</b>	Low
<b>Rationale for criterion inclusion</b>	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 this risk.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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"> <li>◆ set assessments which this candidate will undertake</li> <li>◆ make assessment judgements on this candidate's evidence</li> <li>◆ internally verify assessment decisions on this candidate's work</li> <li>◆ invigilate an assessment which this candidate is sitting</li> </ul> <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>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ procedure for managing conflict of interest for assessors and internal verifiers and invigilators</li> <li>◆ signed staff declarations</li> <li>◆ signatures of assessors and IVs to confirm no personal interest in the outcome of assessment on candidate portfolios</li> <li>◆ information (in eg staff handbook, induction checklist) that any interest must be declared, and to whom</li> <li>◆ records of notification of conflict of interest and actions taken to address this</li> </ul>

<b>Criterion 1.7</b>	There must be an effective process for communicating with staff, candidates and SQA.
<b>Awarding body requirements</b>	None in addition to the wording of the criterion.
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	<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>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ documented roles and responsibilities for this (eg SQA Co-ordinator, internal verifiers, line managers)</li> <li>◆ correspondence file</li> <li>◆ e-mails</li> <li>◆ feedback/report forms</li> <li>◆ SQA Unit feedback forms</li> <li>◆ distribution lists</li> <li>◆ minutes of meetings</li> <li>◆ staff notice board</li> <li>◆ e-mails</li> <li>◆ intranet</li> </ul>

<b>Criterion 1.8</b>	Feedback from candidates and staff must be sought and used to inform centre improvement plans.
<b>Awarding body requirements</b>	None in addition to the wording of the criterion.
<b>Impact rating</b>	Low
<b>Rationale for criterion inclusion</b>	<p>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.</p> <p>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.</p>
<b>Support Information</b>	
<b>Guidance on verifying the criterion</b>	<p>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).</p> <p>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.</p>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ feedback procedure</li> <li>◆ feedback forms</li> <li>◆ analysis of feedback</li> <li>◆ records of actions in response to feedback</li> <li>◆ minutes of meetings</li> </ul>

<b>Criterion 1.9</b>	The centre must comply with requests for access to records, information, candidates, staff and premises for the purpose of external quality assurance activities.
<b>Awarding body requirements</b>	Centres offering <b>regulated qualifications</b> must also allow access to SQA Accreditation or Ofqual staff.
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>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.</p> <p>Any difficulties experienced by Qualification Verifiers in arranging visits and obtaining access to the centre will be notified to the Systems Verifier.</p>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ documented procedures for handling quality assurance activity</li> <li>◆ roles and responsibilities</li> <li>◆ assessment site checklists</li> <li>◆ permission for SQA quality assurance representatives to obtain access</li> </ul>
<b>Additional sources of information</b>	For information on external quality assurance visits, see <i>External Verification: A Guide for Centres</i> .



<b>Criterion 1.10</b>	Outcomes of external quality assurance must be disseminated to appropriate staff and any action points addressed within agreed timescales.
<b>Awarding body requirements</b>	None in addition to the wording of the criterion.
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on verifying the criterion</b>	<p>Centres must outline how they implement and monitor outcomes of SQA external quality assurance activity and how relevant staff are kept informed.</p> <p>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.</p> <p>Extensions will only be granted in exceptional circumstances, which should be notified to SQA as soon as they are known.</p> <p>Any concerns about failing to address required actions from qualification verification will be notified to the Systems Verifier.</p>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ inclusion in roles and responsibilities eg SQA Co-ordinator, internal verifier</li> <li>◆ signed distribution list</li> <li>◆ corrective action log/report</li> <li>◆ action notes, minutes of meetings</li> </ul>
<b>Additional sources of information</b>	<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.**

<b>Criterion 2.1</b>	Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.
<b>Awarding body requirements</b>	<p>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.</p> <p>Assessors and verifiers of <b>regulated qualifications</b> must achieve a relevant assessor/verifier qualification within 18 months of starting to practise where no alternative timescale is stated in an Assessment Strategy.</p> <p>Assessors and internal verifiers for <b>regulated qualifications</b> must undertake relevant continuing professional development activities, and keep records of this.</p>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>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.</p> <p>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.</p>

<p><b>Examples of evidence</b></p>	<ul style="list-style-type: none"> <li>◆ recruitment/selection policy/criteria</li> <li>◆ job descriptions/person specification</li> <li>◆ information on the processes for deployment of staff as assessors and internal verifiers</li> <li>◆ job adverts</li> <li>◆ policies and procedures for training and development, continuous professional development</li> <li>◆ training/CPD recording pro forma</li> <li>◆ training needs analyses</li> <li>◆ minutes of relevant meeting</li> </ul>
<p><b>Additional sources of information</b></p>	<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>

<b>Criterion 2.2</b>	Assessors and internal verifiers must be given induction training to SQA qualifications and requirements.
<b>Awarding body requirements</b>	<p>There must be records of induction (checklist as minimum).</p> <p>Induction must cover:</p> <ul style="list-style-type: none"> <li>◆ Qualification Assessment Strategy etc</li> <li>◆ Everything the centre tells the candidate (assessment process, internal appeals, etc — see criterion 3.1)</li> <li>◆ Internal verification procedures (see criterion 4.1)</li> <li>◆ Malpractice procedures (see criterion 1.5)</li> <li>◆ Conflict of interest (see criterion 1.6)</li> <li>◆ Secure storage and transport of assessment materials (see criteria 4.5 and 5.2)</li> <li>◆ Retention policy for candidate assessment evidence and records (see criteria 4.7 and 6.4)</li> </ul>
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	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.
<b>Examples of evidence</b>	<p>Examples of evidence:</p> <ul style="list-style-type: none"> <li>◆ induction checklist (examples of checklist signed by assessor/IV)</li> <li>◆ staff handbook</li> <li>◆ staff induction pack</li> </ul>

<b>Criterion 2.3</b>	There must be a documented system for initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.
<b>Awarding body requirements</b>	Colleges in Scotland with <b>devolved authority</b> 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.
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>Initial review of resources is part of the approval process.</p> <p>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.</p> <p>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</p>

	qualifications they are verifying (criterion 2.4).
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ roles and responsibilities for approval</li> <li>◆ documented internal procedure for approval</li> <li>◆ minutes of meetings, recording pro forma relating to planning of new qualifications and approval submissions</li> <li>◆ completed approval forms</li> <li>◆ SQA approval reports</li> <li>◆ qualifications verification reports after approval</li> <li>◆ documented system of review</li> <li>◆ minutes of relevant meetings</li> <li>◆ itineraries</li> <li>◆ procurement records</li> <li>◆ library contents</li> <li>◆ internal verification records relating to review of assessments</li> <li>◆ system for supporting e-assessment</li> <li>◆ records of additional sites</li> <li>◆ records of review</li> </ul>
<b>Additional sources of information</b>	Information on e-assessment can be found on SQA's website and also in the Guide to Assessment.

<b>Criterion 2.5</b>	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.
<b>Awarding body requirements</b>	None in addition to the wording of the criterion.
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	<p>Some assessment sites may be <b>owned or managed by another organisation</b> that has its own separate processes, policies and procedures. These may be known as satellite sites.</p> <p>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.</p>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>If centres have, or intend to use, satellite assessment sites (as defined above), then they must provide documentation that they will use to checks undertaken. Access for SQA staff must be included in this.</p> <p>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.</p> <p>Any concerns raised by Qualification Verifiers relating to safety or access arrangements at an assessment site they have seen will be reported to SQA.</p>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ procedures for managing assessment sites</li> <li>◆ completed site selection checklists (or other documentation covering the same points)</li> <li>◆ signed agreements with other organisations that own sites used for assessment</li> </ul>
<b>Additional sources of information</b>	<p>Guidance document on use of assessment sites not owned or managed by the centre, including exemplar checklists:</p> <p><a href="http://www.sqa.org.uk/sqa/files_ccc/Guidance-for-Centres-on-Use-of-Assessment-Sites%20.pdf">http://www.sqa.org.uk/sqa/files_ccc/Guidance-for-Centres-on-Use-of-Assessment-Sites%20.pdf</a></p>

## Category 3: Candidate Support

Candidates are supported and guided through the qualifications for which they are entered.

<b>Criterion 3.1</b>	Candidate induction must include information about the SQA qualification and SQA requirements.
<b>Awarding body requirements</b>	<p>Candidate induction information must cover:</p> <ul style="list-style-type: none"> <li>◆ Content and structure of the qualification</li> <li>◆ Roles and responsibilities of the candidate, assessor, IV and EV</li> <li>◆ Guidance and support</li> <li>◆ Assessment/re-assessment, including the modes and format of assessment (both internal and external assessment) and opportunities for re-assessment (including charging policy for re-assessment, if relevant)</li> <li>◆ How feedback on assessments will be provided</li> <li>◆ Equal opportunities and assessment arrangements</li> <li>◆ Malpractice and declarations of authenticity</li> <li>◆ Complaint/grievance procedures</li> <li>◆ Internal assessment appeals</li> <li>◆ Data protection (consent to share information, open mail)</li> </ul> <p>Centres must provide information relating to the SQA qualifications to candidates prior to submitting entries.</p>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>Induction materials may be provided to the candidates in hard copy or made available for them to access electronically.</p> <p>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</p>



	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.
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ policies and procedures for candidate guidance and support</li> <li>◆ candidate/learner agreement</li> <li>◆ induction pack/checklist</li> <li>◆ information on support services available</li> <li>◆ a 'shell' portfolio</li> <li>◆ list of reference/learning materials</li> </ul>

<b>Criterion 3.4</b>	Policies and procedures must give SQA candidates equal opportunities for assessment.
<b>Awarding body requirements</b>	Centres must have a documented commitment to equal access to assessment.
<b>Impact rating</b>	Low
<b>Rationale for criterion inclusion</b>	<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>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ equal opportunities policy in relation to training and assessment</li> <li>◆ policy statement on equal access to assessment</li> <li>◆ procedures for assessment arrangements (see also criterion 3.5)</li> <li>◆ signed distribution list</li> <li>◆ relevant minutes of meetings</li> </ul>

<b>Criterion 3.5</b>	Individual candidates' requirements for assessment arrangements must be discussed, identified, implemented and recorded.
<b>Awarding body requirements</b>	<p>Centres must inform all candidates at induction of the availability of assessment arrangements to address additional 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"> <li>◆ identification and evidence of needs</li> <li>◆ how needs are met, across different subjects/units</li> <li>◆ how recommendations for assessment arrangements are independently confirmed</li> <li>◆ recording and communication of assessment arrangements put in place</li> <li>◆ review of needs and support over time</li> </ul>
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	<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>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ policy statement on equal access to assessment</li> <li>◆ documented assessment arrangements procedure/statement</li> <li>◆ information on procedures and support services available in candidate induction handbook/materials</li> <li>◆ statement in roles and responsibilities of assessors</li> </ul>

	◆ initial application form which requests disclosure on any disability and/or additional support needs
<b>Additional sources of information</b>	Information on assessment arrangements is available in the <i>Guide to Assessment</i> and on the <a href="#">Assessment Arrangements page on SQA's website</a> .

<b>Criterion 3.6</b>	Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements.
<b>Awarding body requirements</b>	<p>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.</p> <p>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.</p> <p>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.</p>
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	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).
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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.</p> <p>The procedures must also include mechanisms for:</p> <ul style="list-style-type: none"> <li>◆ Dissemination to candidates</li> <li>◆ Notifying the candidate of outcome and subsequent actions</li> <li>◆ Recording and retaining records</li> </ul> <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 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 Ombudsman (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><b>Examples of evidence</b></p>	<ul style="list-style-type: none"> <li>◆ 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)</li> <li>◆ procedure contained within candidate induction materials</li> <li>◆ logs of complaints received and action taken</li> <li>◆ analysis of complaints received and any actions arising</li> </ul>
<p><b>Additional sources of information</b></p>	<p><a href="#"><u>Customer Complaints and Feedback section on SQA’s website</u></a></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.

<b>Criterion 4.1</b>	Internal assessment and verification procedures must be documented and monitored to meet SQA requirements.
<b>Awarding body requirements</b>	The centre's internal verification procedures must include the three stages of pre-assessment, during assessment and post-assessment.
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	<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>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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><b>Stage 1 (Pre-assessment)</b></p> <p>Procedures must cover:</p> <ul style="list-style-type: none"> <li>◆ how the centre has checked the assessment instruments for validity</li> </ul>

(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.

Evidence may include: annotation of assessment materials to confirm these have been through an internal quality assurance process, records of meetings between assessors to discuss the planned assessment in order to help minimise any differences in interpretation, etc.

### **Stage 2 (During assessment)**

Procedures must cover:

- ◆ 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

### **Sampling candidate evidence**

Procedures should state the centre's sampling strategy.

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

- ◆ new or inexperienced assessors and internal verifiers
- ◆ new or revised qualifications
- ◆ revised assessment instruments
- ◆ previous quality assurance reports
- ◆ methods of assessment
- ◆ assessment location
- ◆ mode of delivery

### **Stage 3 (Post-assessment)**

Procedures should state how assessment and internal verification processes are reviewed and updated.



<p><b>Examples of evidence</b></p>	<ul style="list-style-type: none"> <li>◆ documented internal verification procedure</li> <li>◆ minutes of assessor/internal verifier meetings</li> <li>◆ records of standardisation</li> <li>◆ records of sampling activity</li> <li>◆ schedules of internal verification activities</li> <li>◆ documented feedback to assessors</li> <li>◆ review records such as action notes, minutes of assessor/internal verifier meetings</li> <li>◆ internal audit, review records</li> <li>◆ document control records logging any changes to procedures</li> <li>◆ notification to staff of changes to procedures</li> </ul>
<p><b>Additional sources of information</b></p>	<ul style="list-style-type: none"> <li>◆ SQA's <i>Internal Verification: A Guide for Centres offering SQA Qualifications</i></li> <li>◆ <i>Internal verification: A Guide for Centres Offering Ofqual Regulated Qualifications</i> includes the purpose and function of internal verification.</li> <li>◆ Internal Verification Toolkit on QA page of the SQA website</li> <li>◆ SQA's <i>Guide to Assessment</i></li> <li>◆ 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"> <li>— the assessment (standard 9)</li> <li>— the internal verification (standard 11)</li> </ul> </li> </ul> <p>Sector Assessment Strategies can be found by SVQ Group on SQA's website.</p>

<b>Criterion 4.5</b>	<p>Assessment materials and candidate evidence (including examination question papers, scripts and electronically-stored evidence) must be stored and transported securely.</p> <p>Note: This criterion relates to assessment materials for internal assessments only. There is a separate criterion (5.2) relating to external assessment.</p>
<b>Awarding body requirements</b>	<p>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.</p>
<b>Impact rating</b>	<p>High</p>
<b>Rationale for criterion inclusion</b>	<p>This is to ensure that the security and integrity of the assessment material is maintained. In particular, this relates to assessments where a candidate would gain an unfair advantage by seeing the assessment in advance and the assessment is carried out under controlled conditions (for example, an HN Graded Unit examination). This includes both assessments developed within the centre and assessments produced and published by SQA.</p> <p>Candidate evidence must be stored securely, to minimise the risks of malpractice and to ensure that it is available for internal and external verification.</p>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>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.</p> <p>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.</p> <p>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.</p>

<b>Examples of evidence</b>	<ul style="list-style-type: none"><li>◆ physical evidence of secure storage of assessment materials and candidate assessments</li><li>◆ documented procedure for storing assessment materials, notifying SQA of any breaches of security,</li><li>◆ roles and responsibilities eg of SQA Co-ordinator, assessors</li><li>◆ assessor and internal verifier induction checklists</li></ul>
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<b>Criterion 4.7</b>	Candidate evidence must be retained in line with SQA requirements.
<b>Awarding body requirements</b>	<p>For HN, NC, NPA and NQ units (not part of new Nationals or Awards), centres are required to retain candidate assessment evidence for three weeks after the candidate unit completion date the centre has notified to SQA.</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>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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>

	There are separate requirements for retention of records of assessment outcomes/candidate achievement — see criterion 6.4.
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ documented retention policy</li> <li>◆ assessment policy and procedures including retention of evidence</li> <li>◆ assessor and internal verifier induction checklist</li> <li>◆ description of the arrangements centres have in place for ensuring SQA verifiers have appropriate access to candidate evidence during verification events</li> <li>◆ physical evidence of storage of candidate assessment evidence</li> </ul>
<b>Additional sources of information</b>	<p>The full details of requirements for retention of candidate evidence are given at the following link:</p> <p><a href="https://www.sqa.org.uk/sqa/files_ccc/SQA_Evidence_retention_requirements_A3_table_November2016.pdf">https://www.sqa.org.uk/sqa/files_ccc/SQA_Evidence_retention_requirements_A3_table_November2016.pdf</a></p> <p><a href="#">The Appeals process: Information for centres</a> (published April 2015)</p>

<b>Criterion 4.8</b>	Internal assessment appeals must be handled in line with a documented procedure which meets SQA requirements.
<b>Awarding body requirements</b>	Centres offering regulated qualifications must inform candidates that they have additional stages of appeal: <ul style="list-style-type: none"> <li>◆ to SQA (the awarding body), once the centre's appeals procedure has been exhausted</li> <li>◆ 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</li> </ul>
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	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.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	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. <p>The appeals procedure must include mechanisms for:</p> <ul style="list-style-type: none"> <li>◆ dissemination to candidates</li> <li>◆ notifying the candidate of outcome and subsequent actions</li> <li>◆ recording and retaining records</li> </ul> <p>Details of any appeals should be retained for review by SQA quality assurance staff.</p> <p>There should be at least three stages in the centre's procedure, for example:</p> <p>Stage 1 — the candidate's first point of contact is the assessor, then if still unresolved...</p> <p>Stage 2 — internal verifier, then if still unresolved...</p> <p>Stage 3 — independent third party, (part of organisation, or another centre, not SQA)</p> <p>Centres offering <b>regulated qualifications</b> must inform candidates that</p>

	<p>they have additional stages of appeal:</p> <ul style="list-style-type: none"> <li>◆ Appeal to SQA (the awarding body), once the centre's appeals procedure has been exhausted</li> <li>◆ 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.</li> </ul> <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>
<p><b>Examples of evidence</b></p>	<ul style="list-style-type: none"> <li>◆ documented appeals procedure, with appropriate stages</li> <li>◆ document explaining the rights of candidates for regulated qualifications to appeal to SQA (awarding body) and the appropriate regulator</li> <li>◆ procedure contained within candidate induction materials</li> <li>◆ log and records of all internal assessment appeals</li> </ul>
<p><b>Additional sources of information</b></p>	<p><a href="#">The Appeals process: Information for centres</a> (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 HN 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.

<b>Criterion 5.1</b>	Assessment evidence must be the candidate's own work, generated under SQA's required conditions.
<b>Awarding body requirements</b>	<p>Conditions of assessment will be qualification-specific and must be communicated and adhered to within the centre.</p> <p>Centres must ensure that appropriate resources are made available and that no candidates are disadvantaged.</p>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	<p>Centres must take the appropriate steps to ensure that no instances of malpractice occur and that evidence is authenticated.</p> <p>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.</p>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>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.</p> <p>Specific requirements for online testing should be understood and implemented.</p> <p>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	<ul style="list-style-type: none"> <li>◆ roles and responsibilities eg of SQA Co-ordinator, exams officer, invigilators</li> <li>◆ examination procedure documentation</li> <li>◆ online testing requirements</li> <li>◆ evidence of notification to candidates – eg letters, e-mails, noticeboards</li> <li>◆ minutes of relevant meetings</li> <li>◆ guidance to candidates on malpractice eg at induction</li> <li>◆ signed candidate disclaimers on coursework</li> <li>◆ invigilator guidance, roles and responsibilities</li> <li>◆ procedures for checking candidate identity at examinations</li> <li>◆ room plans</li> <li>◆ handbook for Invigilators</li> <li>◆ inventories</li> <li>◆ procurement records</li> <li>◆ ICT requests (eg for assessment arrangements, support for online testing)</li> <li>◆ staff e-mails/memos</li> </ul>
Additional sources of information	<p>Group award specification documents for qualifications with external assessments are available on SQA’s website – for example, <a href="#">PDA Dental Nursing (see appendix 3 for details of conducting the external examination)</a>.</p> <p><i>Malpractice: Information for centres (January 2017):</i>  <a href="http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf">http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf</a></p>

<b>Criterion 5.2</b>	Assessment materials and candidate evidence, (including examination question papers, scripts and electronically-stored evidence) must be securely stored and transported.
<b>Awarding body requirements</b>	<p>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.</p> <p>Centres must inform SQA immediately if the security of question papers or confidential examination materials is breached.</p>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	This is to ensure that the security and integrity of the examination material is maintained throughout the examination diet.
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>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.</p> <p>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.</p> <p>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.</p>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ physical evidence of secure storage of examination materials and candidate assessments</li> <li>◆ 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</li> <li>◆ roles and responsibilities eg of SQA Co-ordinator, exams officer, invigilators</li> </ul>

<b>Additional sources of information</b>	<a href="http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations">http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations</a>
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<b>Criterion 5.3</b>	The centre must submit, where appropriate, within published timelines, results services requests.
<b>Awarding body requirements</b>	Qualification-specific requirements for qualifications with externally-assessed elements must be communicated and adhered to within centres.
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	<p>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.</p> <p>Both candidates and staff in centres involved in external assessments must be aware of these services, and follow the required processes and timescales.</p>
<b>Support Information</b>	
<b>Guidance on verifying the criterion</b>	<p>Appeals procedures for HN and vocational qualifications with externally-assessed elements are being brought into line with the results services for National Course external assessments, which have replaced the appeals process.</p> <p>Centres and candidates undertaking external assessments have recourse to two services:</p> <p><b>Exceptional Circumstances</b></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><b>Post-results Service</b></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</p>

	these challenge processes in place.
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ documented processes for managing and submitting exceptional circumstances and post-results service requests to SQA</li> <li>◆ roles of responsibilities of staff including responsibility for gathering evidence, making and approving recommendations on submissions to be made, submitting requests</li> <li>◆ information provided to candidates on qualifications with externally-assessed elements at induction about results services</li> </ul>
<b>Additional sources of information</b>	<p>Group award specification documents for qualifications with external assessments are available on SQA's website – for example, <a href="#">PDA Dental Nursing (see appendix 3 for details of conducting the external examination)</a>.</p> <p><a href="#">Information on exceptional circumstances and Post-results Services for National Courses</a></p>

## Category 6: Data Management

**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.**

<b>Criterion 6.1</b>	Candidates' personal data submitted by centres to SQA must accurately reflect the current status of the candidate.
<b>Awarding body requirements</b>	<p>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)'.</p> <p>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.</p>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	<p>SQA holds personal data on candidates in order to identify and certificate candidates.</p> <p>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.</p>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<p>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.</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>Procedures should take account of the fact that registration is a one-time only process and the majority of Scottish candidates will already</p>

	<p>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 candidates' personal data eg change of address.</p> <p>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).</p> <p>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>
<p><b>Examples of evidence</b></p>	<ul style="list-style-type: none"> <li>◆ documented data management policy and procedures</li> <li>◆ data protection policy</li> <li>◆ roles and responsibilities eg of data management staff</li> <li>◆ signed candidate information/data exchange agreements</li> <li>◆ application and/or enrolment forms including candidate's home address</li> <li>◆ SQA data showing the addresses held against candidates and their entry, results and certification status</li> <li>◆ 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)</li> <li>◆ information to candidates, eg at induction, about notifying the centre about any change of address or other personal details</li> </ul>
<p><b>Additional sources of information</b></p>	<p><a href="#">Guide to Data Exchange</a></p> <p>Instructions within SQA Connect will inform centres on how to notify SQA of changes to home addresses</p>

	<i>Induction Guide for SQA Co-ordinators</i>
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<b>Criterion 6.2</b>	Data on candidate entries submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.
<b>Awarding body requirements</b>	<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).</p> <p>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>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	<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"> <li>◆ Results corresponding to the entries can be submitted, to ensure the accurate certification of candidates</li> <li>◆ SQA can plan its qualification verification selection and activities effectively</li> <li>◆ Learners undertaking SQA qualifications are entered as SQA candidates, with the associated responsibilities and entitlements.</li> </ul>

	<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. Entries cannot be accepted for qualifications which the centre is not approved to offer, or if the qualification is finished or in its lapsing period.</p>
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<b>Support Information</b>	
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<p><b>Guidance on verifying the criterion</b></p>	<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 HN course can be up to four years from the date of entry. There is currently no enforceable lapse period for HN 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</p>
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	<p>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"> <li>◆ Status Code 1 - Open Entry</li> <li>◆ Status Code 2 - Withdrawn Entry</li> <li>◆ Status Code 3 - Provisional Result</li> <li>◆ Status Code 4 - Final Result</li> <li>◆ Status Code 5 - Certificated Result</li> </ul> <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"> <li>◆ documented data management policy and procedures, including procedures for gathering and submitting entries and cleansing entry data</li> <li>◆ internal records of entries</li> <li>◆ candidate records on SQA Navigator</li> </ul>
Additional sources of information	<p><a href="#">Guide to Data Exchange</a></p> <p>Instructions within SQA Connect</p> <p><i>The Induction Guide for SQA Co-ordinators</i></p>

<b>Criterion 6.3</b>	Data on candidate results submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.
<b>Awarding body requirements</b>	<p>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').</p> <p>For <b>regulated qualifications</b>, 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).</p>
<b>Impact rating</b>	High
<b>Rationale for criterion inclusion</b>	<p>This is to ensure that centres submit results at the appropriate time to:</p> <ul style="list-style-type: none"> <li>◆ Allow SQA the opportunity to carry out quality assurance</li> <li>◆ Give SQA sufficient time for the smooth operation of certification processes</li> <li>◆ Prevent any unnecessary delays to the candidate in receiving the certificate they are entitled to</li> </ul>
<b>Support Information</b>	
<b>Guidance on evidencing the criterion</b>	<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>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.</p> <p>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.</p> <p><b>Note:</b> There are specific requirements and published key dates for National Qualifications, but only HN and Vocational qualifications will be covered in systems verification during the period 2015–18. These are not subject to published timelines.</p>
<b>Examples of</b>	<ul style="list-style-type: none"> <li>◆ data management policy and procedures</li> <li>◆ assessment and internal verification procedures</li> </ul>

<b>evidence</b>	<ul style="list-style-type: none"> <li>◆ resulting records</li> <li>◆ candidate records on SQA Navigator</li> </ul>
<b>Additional sources of information</b>	<p><a href="#">Guide to Data Exchange</a></p> <p>Instructions within SQA Connect</p> <p><i>The Induction Guide for SQA Co-ordinators</i></p>

<b>Criterion 6.4</b>	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.
<b>Awarding body requirements</b>	<p>Centres must retain records for one calendar year following completion of qualifications:</p> <ul style="list-style-type: none"> <li>◆ a list of candidates registered with SQA for each qualification offered in the centre</li> <li>◆ details of candidate assessment, including the name of the assessor, location, date and outcome</li> <li>◆ internal verification activity</li> <li>◆ certificates claimed</li> </ul> <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, <b>assessment and internal verification records</b> 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 an investigation involving a criminal prosecution or civil claim, records and documentation will be retained for five years after the case and has been heard. 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>
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	<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	
<b>Guidance on evidencing the criterion</b>	<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>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ details of candidate assessment, including the name of the assessor, location, date and outcome</li> <li>◆ results sheets/records</li> <li>◆ portfolio log sheets</li> <li>◆ secure storage policy</li> <li>◆ physical evidence of secure storage</li> <li>◆ records of internal verification activity</li> <li>◆ certificates claimed</li> </ul>
<b>Additional sources of information</b>	<ul style="list-style-type: none"> <li>◆ Table of retention requirements for assessment records: <a href="https://www.sqa.org.uk/sqa/files_ccc/Retention_of_candidate_assessment_records_A3_table.pdf">https://www.sqa.org.uk/sqa/files_ccc/Retention_of_candidate_assessment_records_A3_table.pdf</a></li> <li>◆ Guide to Assessment</li> <li>◆ Internal Verification: A Guide for Centres offering SQA Qualifications</li> <li>◆ Guidance document on External Verification visits contains information on planning for external quality assurance visits</li> <li>◆ Induction Guide for SQA Co-ordinators on SQA's website contains information on Managing Your Data.</li> <li>◆ The Appeals Process: Information for centres</li> <li>◆ Malpractice: Information for Centres <a href="http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf">http://www.sqa.org.uk/sqa/files_ccc/MalpracticeInformationForCentres.pdf</a></li> </ul>