



# **Guide to Systems Verification for Centres in China 2015–18**

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## Change log: August 2016, February 2017

Page 11, Criterion 1.3, Awarding body requirements	First sentence changed to: 'Procedures or roles and responsibilities specifying that information is required on ...'
Page 12, 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 14, 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 15, Criterion 1.5, Examples of evidence	First bullet point changed to: 'documented malpractice policy and procedure, covering both candidate and centre malpractice, including definitions in line with SQA definitions ...'
Page 16, 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 17, Criterion 1.6, Guidance on evidencing the criterion	Second paragraph, last sentence, changed to: Copies of documentation should be retained for a year after completion of the qualification in question, as for all records of assessment (see criterion 5.4), including details of the action taken to mitigate against the conflict of interest'.
Page 26, Criterion 2.5, Guidance on evidencing the criterion	First sentence changed to: 'If centres have, or intend to use, multiple campuses, then they must provide then they must provide documentation that they will use to record checks undertaken'.  Second paragraph changed to: 'Guidance on use of assessment sites owned by other organisations is available on SQA's website. This includes exemplar site checklists, which centres can use in their entirety, or use to ensure that their own documentation incorporates all the issues required by SQA'.
Page 26, Criterion 2.5, Examples of evidence	Second bullet point changed to: 'completed site selection checklists (or other documentation covering the same points)'.
Page 26, Criterion 2.5, Additional sources of information	Changed to: Guidance document, including exemplar checklists is available on SQA's China website. February 2017 – link to guidance document added.
Page 29, Criterion 3.4, Guidance on evidencing the criterion and Examples of evidence	References to criterion 3.6 changed to 3.5
Page 39, Criterion 4.7, Awarding Body Requirements	Last sentence changed to: "In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for six years after the case and any appeal has been heard".  Sentence added: "If the centre is any doubt about whether criminal or civil proceedings will take place, it should keep records for the full six year period".

<p>Page 40, Criterion 4.7, Additional sources of information</p>	<p>Link to SQA's retention policy deleted February 2017 – new link added to updated table of retention requirements for candidate assessment evidence. Link to new malpractice guide added.</p>
<p>Page 42, Criterion 5.1, 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 47, Criterion 5.4, Awarding body requirements</p>	<p>February 2017, last sentence changed to: "In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for six years after the case and any appeal has been heard" Sentence added: "If the centre is any doubt about whether criminal or civil proceedings will take place, it should keep records for the full six year period".</p>
<p>Page 48, Criterion 5.4, Additional sources of information</p>	<p>Link to SQA's retention policy deleted February 2017 – new link added to table of retention requirements for assessment records. Link to new malpractice guide added</p>

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# Part A

## 1 Introduction

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

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

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

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

The Systems Verifiers will work from exactly the same guidance.

- 1.3 There are other quality assurance criteria that only cover qualification verification. There is a separate guide to qualification verification.

The qualification verification criteria are not included in this guide, but the full criteria are available in the quality assurance section of SQA's website for China:  
[www.cn.sqa.org.uk](http://www.cn.sqa.org.uk).

Where there are gaps in the numbering of criteria in this document, this is because qualification verification criteria have been excluded.

- 1.4 If your centre has been approved as an SQA centre recently, you will have experience of providing documentary evidence against the quality criteria. For systems verification you will also need to provide evidence of the implementation of policies and procedures on an on-going basis.

You must ensure that you fully understand SQA guidance, and that your own organisation's policies and procedures align with this.

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

## 2 Sources of support

Telephone number: +00 44 141 282 5689

Source of support	Nature of support
China Verification E-mail: <a href="mailto:china.verification@sqa.org.uk">china.verification@sqa.org.uk</a>	Issuing reports and receiving, logging, tracking and forwarding to SVs evidence to address Required Action points.
Quality Enhancement Managers Email: <a href="mailto:asv@sqa.org.uk">asv@sqa.org.uk</a>	Providing information and advice relating to Systems Verification visits and the systems requirements for approved centres.
China Country Manager Contact details Email: <a href="mailto:toni.yang@sqa.org.uk">toni.yang@sqa.org.uk</a>	First point of contact for specific centre queries
Subject Implementation Managers E-mail: <a href="mailto:SIMChina@sqa.org.uk">SIMChina@sqa.org.uk</a>	Providing support for your centre and staff on the following topics: <ul style="list-style-type: none"><li>◆ planning</li><li>◆ preparing</li><li>◆ delivering</li><li>◆ assessing and</li><li>◆ reviewing your HND programme</li></ul>

## 3 SQA's values

SQA's corporate values are:

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

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

## 4 Planning systems verification visits

4.1 You will have a systems verification visit after approval when you have candidates registered with SQA and studying on the first year of their HND programmes. Thereafter, the visits will be scheduled according to the level of need established from the previous visit.

4.2 Once an SV is allocated your centre, they will make initial contact with your SQA Co-ordinator to inform them of the proposed visit and to agree on a date for the visit.

On-going contact will also be with your SQA Co-ordinator, who should take responsibility for:

- ◆ informing all relevant staff about the date of the visit
- ◆ arranging for documentary evidence to be made available
- ◆ arranging for the required staff and candidates to be available for interview during the visit

4.3 Interviews with assessors and internal verifiers give the SV a valuable insight into how your processes and procedures are managed in practice. Interviews also allow the SV to raise any queries they have.

It may also be helpful for the SV to speak to the staff who deal with data management.

It is also valuable to interview candidates individually or in groups to hear their views. The names of candidates will not be recorded in reports.

4.4 Once the date is agreed, the SV will create a Visit Plan and it will be sent out to you. You should receive this at least two weeks prior to the visit.

The Visit Plan will include information on the number of staff and candidates who will be interviewed during the visit, as agreed with your SQA Co-ordinator. You should ensure that the required number of staff and candidates are available on the day of the visit.

The schedule of activities for the visit may be agreed between the SV and SQA Co-ordinator at the time of creating the Visit Plan, or on the day of the visit.

4.5 The SV may ask you to send some evidence electronically in advance. This could be by e-mail or allowing the SV remote access to your systems.

The key evidence to be provided in advance is relevant policies and procedures, but you may also give them access to other evidence, such as information given to candidates.

This will allow the SV to prepare and allows more time on the day of the visit for discussion, clarification and development.

## 5 Conduct and output of SV visits

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

5.2 Examples of evidence sources have been provided under every criterion in Part B.

As the guidance states, these are only examples and it is acceptable to provide different evidence reflecting actual practice in your centre.

Evidence may be in the form of electronic files rather than paper documentation. You are not required to print out evidence, unless absolutely necessary.

5.3 You should allow a full working day for the SV visit.

## 6 Feedback from the SV

6.1 The SV will provide verbal feedback at the end of the visit to the SQA Co-ordinator and any other staff you choose to have present. You should ensure that this takes place in a private, quiet area.

The feedback will cover their findings against every criterion and any recommended or required actions. They will also comment on sufficiency of evidence and any points of good practice. There should be nothing included in the final written report which you were not made aware of on the day of the visit.

6.2 The report will include a rating for every criterion, as described below:

**Green:** Sufficient evidence — this means that the centre has provided evidence that fully meets the criterion (no required action points, but there may be recommendations).

**Amber:** Insufficient evidence — this means the centre can provide some evidence in support of the criterion, but it is not sufficient (required action points will be set and there may be some recommendations).

**Red:** Little or no evidence — this means that either no evidence has been presented or that the evidence provided by the centre falls well short of meeting the criterion (required action points will be set and there may be some recommendations).

6.3 Some criteria have specific requirements which must be met in order to fully meet the criterion. If any of these requirements are not addressed, the rating for the criterion will be amber or red, and required actions will be set. If there are no specific requirements stated, the wording of the criterion provides all the necessary information.

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

- 6.5 Having made a decision in relation to each criterion, the SV will explain their decision to you along with the rationale for making it.

They will also tell you the confidence statement for each of the five categories of quality assurance criteria, based on the evidence available. This will be one of the following statements:

- ◆ High level of confidence
- ◆ Broad confidence
- ◆ Reasonable confidence
- ◆ Minimal confidence
- ◆ No confidence

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

- 6.7 Recommendations are made so that a centre may enhance their existing provision. They are not mandatory and you do not need to act upon them, however you are strongly advised to discuss these with your course team and consider whether to act on them or not.

Required action points must be acted upon. They are given when a judgement has been made that there is either insufficient evidence, little evidence or no evidence (red or amber rating).

- 6.8 Where the verification decision results in your centre having to take action in relation to specific criteria, the required action will be communicated verbally to you by the SV before the end of the visit.

If the confidence statement for a category is 'minimal confidence' or 'no confidence' the SV will also ask for the head of centre to be present at the feedback session, due to possible sanctions.

Timescales will be agreed before the end of the visit for submitting evidence against the required actions. This may be sending or e-mailing evidence, or a return visit may be required.

## **7 The report of the visit**

- 7.1 The report will reflect the information that was communicated to you at the verbal feedback. The comments section relating to each criterion will include comments on the sources of evidence seen by the SV to justify their verification decision.

Required action points should never be altered or extended post-visit after feedback has been given and agreed. The actions should also be clear and specific, with an agreed date for achievement.

- 7.2 The SV will make recommendations to SQA on sanctions relating to the required actions. These range from entry in an action plan to suspension or removal of centre approval.

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

- 7.3 You must submit completed evidence for each required action point by the required date, and must send it to [china.verification@sqa.org.uk](mailto:china.verification@sqa.org.uk), rather than to the SV. This ensures that required actions can be tracked by SQA.

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

SQA will remind you before evidence is due. Risk ratings may be increased and sanctions applied if you do not submit evidence by the agreed date.

If you submit incomplete or insufficient evidence to fully meet the required actions, you may be given another opportunity to submit. Again, risk ratings may be increased and sanctions applied if you do not submit evidence which fully addresses the required actions.

- 7.4 You should contact [china.verification@sqa.org.uk](mailto:china.verification@sqa.org.uk) if you want to query anything in the report.

## **8 Appeals**

- 8.1 You can appeal if you disagree with SQA's decision on the outcome of systems verification, required actions and/or sanctions.

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

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

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

- 8.5 The Director of Operations may seek advice from quality assurance specialists who were not involved in the original decision.

- 8.6 It is likely that you will be required to re-submit the original evidence or that a further visit will be required to review the original evidence within your centre.
- 8.7 Appeals against sanctions placed will be addressed through review of the appropriateness of the sanction in relation to the outcome and required actions — including whether or not required actions have been addressed by the centre within the agreed timescales.

## Part B: Systems verification criteria

<b>Category 1: Management of a centre</b> <b>Quality assurance is managed effectively and documented processes that support all SQA qualifications are implemented, reviewed and continuously improved.</b>	
<b>Criterion 1.1</b>	Policies and procedures must be documented and reviewed to ensure full compliance with SQA quality criteria.
<b>Specific 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>Why is this included?</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 some key policy documents it may also be appropriate to use a version control table to keep track of what changes were made, when and by whom.</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>
<p><b>Examples of evidence</b></p>	<ul style="list-style-type: none"> <li>◆ A 'quality manual' containing policies, procedures, and descriptions of roles and responsibilities, for example: <ul style="list-style-type: none"> <li>— recruitment/selection policy</li> <li>— equal opportunities policy</li> <li>— assessment arrangements policy statement for candidates with disabilities and/or additional support needs</li> <li>— malpractice policy</li> <li>— assessment policy and procedures</li> <li>— complaints/grievance procedure</li> <li>— internal assessment appeals procedure</li> <li>— internal verification policies and procedures</li> <li>— documented process for data management</li> </ul> </li> <li>◆ Schedule of reviews of policies and procedures</li> <li>◆ Internal audits of policies and procedures relating to SQA qualifications</li> <li>◆ Version control demonstrated on documentation</li> </ul>
<p><b>Additional sources of information</b></p>	<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>Impact rating</b>	Low
<b>Why is this included?</b>	<p>The senior management of the centre should:</p> <ul style="list-style-type: none"> <li>◆ lead on or endorse all policies</li> <li>◆ devolve authority appropriately for development of procedures</li> <li>◆ ensure that there are mechanisms in place for ensuring that staff are made aware of their responsibilities and kept up-to-date</li> </ul>
<b>Support information</b>	
<b>Guidance on evidencing the criterion</b>	<p>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.</p> <p>Centres must also have evidence of dissemination to staff.</p>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ Statement from Dean</li> <li>◆ Foreword from senior management in quality manual and staff and candidate handbooks</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>Specific 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</li> <li>◆ change of 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>◆ lack of appropriate assessors or internal verifiers</li> </ul>
<b>Impact rating</b>	High
<b>Why is this included?</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 and/or SQA Co-ordinator.</p> <p>Centres should also inform SQA in writing about the outcome of any investigations into suspected malpractice, when the investigation is starting (see criterion 1.5).</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.</p> <p>Qualification verifiers will look at the details of qualifications and occupational competence of assessors and internal verifiers (crit. 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>	<ul style="list-style-type: none"> <li>◆ Specific mention of what is to be notified within appropriate roles and responsibilities</li> <li>◆ Evidence of communication of changes (if appropriate)</li> </ul>
<b>Additional sources of information</b>	CSCSE also provide centres with information about HND programmes.

<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>Specific 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).
<b>Impact rating</b>	Medium
<b>Why is this included?</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.
<b>Support information</b>	
<b>Guidance on evidencing the criterion</b>	<p>The roles and responsibilities may be shown on job descriptions, departmental or individual 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 identified in a quality assurance report are discussed and acted upon (criterion 1.10)</li> <li>◆ to ensure all data passed on by IVs and assessors is processed and</li> </ul>

	<p>submitted to SQA according to the centre's data management policy (criteria 5.1, 5.2, 5.3)</p> <ul style="list-style-type: none"> <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 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>

<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. 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> <li>◆ retention of records of all investigations of malpractice to be provided</li> </ul>

	<p>to SQA on request (see criteria 4.7 and 5.4)</p> <p>Any suspected cases of centre malpractice must be reported to SQA. This requirement 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. This must include any sanctions that the centre can apply to candidates or to staff who are found guilty of malpractice.</p> <p>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. As part of candidate induction, centres should outline possible malpractice, such as plagiarism, collusion, copying, etc.</p> <p>Any incidents of staff or candidate malpractice must be investigated and records maintained and made available to SQA on request.</p> <p>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.</p> <p>Centres also have the right to appeal a decision in the case of suspected malpractice by a candidate reported by the centre to the SQA.</p> <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>
<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, communications, sanctions, appeals and record-keeping</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</li> </ul>

	<p>forma for this</p> <ul style="list-style-type: none"> <li>◆ Policy contained within candidate and staff induction materials</li> <li>◆ Guidance for candidates on avoiding plagiarism, including signed declarations</li> <li>◆ Policy and procedure contained within roles and responsibilities and induction materials for assessors and internal verifiers</li> </ul>
<p><b>Additional sources of information</b></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> <p><a href="#">The Appeal Process: Information for centres</a> (April 2015)</p>

<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>Impact rating</b>	Low
<b>Why is this included?</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 militate against 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 5.4), 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</li> <li>◆ Information (for example in 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>Impact rating</b>	Medium
<b>Why is this included?</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. 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.</p> <p>Other staff — for example 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, 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 feedback forms</li> <li>◆ Distribution lists</li> <li>◆ Minutes of meetings</li> <li>◆ Staff notice board</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>Impact rating</b>	Low
<b>Why is this included?</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>Impact rating</b>	High
<b>Why is this included?</b>	In order to make an objective assessment of a centre's compliance against SQA's Quality Assurance Criteria, SQA quality assurance representatives must have access to the relevant people and documentation.
<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>◆ Permission for SQA quality assurance representatives to obtain access</li> </ul>

<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>Impact rating</b>	Medium
<b>Why is this included?</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>

## Category 2: Resource management

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>Specific requirements</b>	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, the Arrangements document or Group Award Strategy document.
<b>Impact rating</b>	High
<b>Why is this included?</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 and that continuing professional development has been undertaken and recorded.</p> <p>There should be evidence that requirements for qualification and experience 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>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ Recruitment/selection policy/criteria</li> <li>◆ Job descriptions/person specification</li> <li>◆ Information on processes for deployment of staff as assessors and IVs</li> <li>◆ Job adverts</li> <li>◆ Policies and procedures for training and development, CPD</li> <li>◆ Training needs analyses</li> <li>◆ Minutes of relevant meetings</li> </ul>

<b>Criterion 2.2</b>	Assessors and internal verifiers must be given induction training to SQA qualifications and requirements.
<b>Specific requirements</b>	<p>There must be records of induction (checklist as minimum). 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 criterion 4.5)</li> <li>◆ retention policy for candidate assessment evidence and records (see criteria 4.7 and 5.4)</li> </ul>
<b>Impact rating</b>	Medium
<b>Why is this included?</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>	<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>Impact rating</b>	Medium
<b>Why is this included?</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. Centres 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 qualifications they are verifying (criterion 2.4).</p>
<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> </ul>

	<ul style="list-style-type: none"> <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>◆ Records of review</li> </ul>
<p><b>Additional sources of information</b></p>	<p><a href="#"><u>Guide to Assessment</u></a></p>

<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>Impact rating</b>	Medium
<b>Why is this included?</b>	Centres must ensure that their quality assurance systems extend to all the campuses they are using to assess their candidates, that all campuses have appropriate resources and processes, and that candidates have a consistent experience wherever they are located.
<b>Support information</b>	
<b>Guidance on evidencing the criterion</b>	<p>If centres have, or intend to use, multiple campuses, then they must provide then they must provide documentation that they will use to record 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 on different campuses</li> <li>◆ Completed site selection checklists (or other documentation covering the same points)</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.

#### Criterion 3.1

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

#### Specific requirements

Candidate induction information must cover:

- ◆ content and structure of the qualification
- ◆ roles and responsibilities of the candidate, assessor, IV and EV
- ◆ guidance and support
- ◆ assessment methods
- ◆ opportunities for re-assessment (including charging policy for re-assessment, if relevant)
- ◆ how feedback on assessments will be provided
- ◆ equal opportunities and assessment arrangements
- ◆ malpractice and declarations of authenticity
- ◆ complaint procedures
- ◆ internal assessment appeals procedures
- ◆ data protection (consent to share information)

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

#### Impact rating

High

#### Why is this included?

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 be made aware of the procedures relevant to the qualification they are undertaking.

### Support information

#### Guidance on evidencing the criterion

Induction materials may be provided to the candidates in hard copy or made available for them to access electronically.

Candidate induction checklists should be provided to ensure that staff conducting induction cover all the required information, and candidates retain their own record of what was covered.

Centres may require that candidates sign the induction checklist to confirm that they were provided with all the relevant information. The signed checklist should then be stored in the candidate's personal file in the administration office.

<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>◆ List of reference/learning materials</li></ul>
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<b>Criterion 3.4</b>	Policies and procedures must give SQA candidates equal opportunities for assessment.
<b>Specific requirements</b>	Centres must have a documented commitment to equal access to assessment.
<b>Impact rating</b>	Low
<b>Why is this included?</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 because of: age, disability; gender; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race and ethnicity; religion and belief; sexual orientation; or other unjustifiable factor, within the constraints of available resources.</p>
<b>Support information</b>	
<b>Guidance on evidencing the criterion</b>	<p>Centres must provide details of their centre's equal opportunities policy and, where available, records that show that it is being followed. The policy should include equal access to assessment and re-assessment opportunities.</p> <p>Barriers to assessment might include: physical/sensory impairment 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 and re-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>Specific 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, 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>Why is this included?</b>	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.
<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 and re-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> <li>◆ Initial application form which requests disclosure on any disability and/or additional support needs</li> </ul>

<b>Additional sources of information</b>	Information on assessment arrangements is available in the <a href="#">Guide to Assessment</a> and on the <a href="#">Assessment Arrangements page on SQA's website</a> .
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<b>Criterion 3.6</b>	Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements.
<b>Specific requirements</b>	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.
<b>Impact rating</b>	Medium
<b>Rationale for criterion inclusion</b>	SQA wants to ensure that candidates are provided with a complaints 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 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>SQA will not deal with complaints about the wider experience of being a student (eg student support services, funding, student facilities).</p>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ Documented complaints procedure, including statements on when candidates can complain to SQA</li> <li>◆ Procedure contained within candidate induction materials</li> </ul>

	<ul style="list-style-type: none"><li>◆ Logs of complaints received and action taken</li><li>◆ Analysis of complaints received and any actions arising</li></ul>
<b>Additional sources of information</b>	<a href="#"><u>Customer complaints and feedback section on SQA's website</u></a>

## 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.

<b>Criterion 4.1</b>	Internal assessment and verification procedures must be documented and monitored to meet SQA requirements.
<b>Specific 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>Why is this included?</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><i>Stage 1 (Pre-assessment)</i> Procedures must cover:</p> <ul style="list-style-type: none"><li>◆ how the centre has checked the assessment instruments for validity (currency and fitness for purpose) including SQA-devised assessments</li><li>◆ evidence of submitting centre-devised assessments to SQA for prior verification, where appropriate</li><li>◆ evidence that all assessors and internal verifiers have a common understanding of the standards required, even when assessments have been published by SQA</li></ul> <p>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.</p>

	<p><i>Stage 2 (During assessment)</i> Procedures must cover:</p> <ul style="list-style-type: none"> <li>◆ how and when candidate evidence is internally verified</li> <li>◆ assessment and internal verification records</li> <li>◆ schedule and records of assessor and internal verifier meetings</li> <li>◆ records of standardisation activities</li> <li>◆ how the risk of plagiarism is minimised</li> <li>◆ 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</li> <li>◆ sampling candidate evidence</li> </ul> <p>Centres should consider a risk-based approach to sampling which takes account of factors such as:</p> <ul style="list-style-type: none"> <li>◆ new or inexperienced assessors and internal verifiers</li> <li>◆ new or revised qualifications</li> <li>◆ revised assessment instruments</li> <li>◆ previous quality assurance reports</li> <li>◆ methods of assessment</li> <li>◆ assessment location</li> <li>◆ mode of delivery</li> </ul> <p><i>Stage 3 (Post-assessment)</i> Procedures should state how assessment and internal verification processes are reviewed and updated.</p>
<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>

<b>Additional sources of information</b>	<p><a href="#"><u>SQA's Internal Verification: A Guide for Centres offering SQA Qualifications</u></a></p> <p>Internal Verification Toolkit on QA page of the SQA website</p> <p><a href="#"><u>SQA's Guide to Assessment</u></a></p>
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<b>Criterion 4.5</b>	Assessment materials and candidate evidence (including examination question papers, scripts and electronically-stored evidence) must be stored and transported securely.
<b>Specific requirements</b>	Centres must make all staff aware that any breach in the security of the assessment materials published on the secure area of SQA's China website must be reported immediately to SQA.
<b>Impact rating</b>	High
<b>Why is this included?</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>The secure area of the SQA's China website is an online resource for centres containing assessment exemplar content for HND qualifications. To access the secure area, a centre must be approved for qualifications with materials on the secure area. A username and password are required to access the secure area, and these are issued to SQA Co-ordinators.</p> <p>Access to the secure area 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 area 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>◆ Documented 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>Specific requirements</b>	<p>In most cases, 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>However, if a centre is selected for external verification, the candidate assessment evidence for the selected Units must be retained for the qualification 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, centres must retain records, including all materials and candidate evidence, until the appeal has been resolved. Thereafter, assessment and internal verification records for appeals cases should be retained for three years.</p> <p>Where an investigation of suspected malpractice is carried out, centres must retain related records and documentation for three years. Records should include any work of the candidate and assessment or verification records relevant to the investigation. In the case of an appeal to SQA against the outcome of a malpractice investigation, assessment records must be retained for five years. In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for six years after the case and any appeal has been heard. If the centre is any doubt about whether criminal or civil proceedings will take place, it should keep records for the full six year period.</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> <p>There are separate requirements for retention of records of assessment outcomes/candidate achievement (see criterion 5.4).</p>
<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> </ul>

	<ul style="list-style-type: none"> <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>
<p><b>Additional sources of information</b></p>	<p>The full details of requirements for retention of candidate evidence are given at the following link:  <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> <p>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></p>

<b>Criterion 4.8</b>	Internal assessment appeals must be handled in line with a documented procedure which meets SQA requirements.
<b>Impact rating</b>	Medium
<b>Why is this included?</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>	<p>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> <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>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ Documented appeals procedure, with appropriate stages</li> <li>◆ Procedure contained within candidate induction materials</li> <li>◆ Log and records of all internal assessment appeals</li> </ul>

## Category 5: 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 5.1</b>	Candidates' personal data submitted by centres to SQA must accurately reflect the current status of the candidate.
<b>Specific requirements</b>	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.
<b>Impact rating</b>	High
<b>Why is this included?</b>	SQA must hold accurate and up-to-date personal data on candidates in order to identify and certificate candidates.

### Support information

<b>Guidance on evidencing the criterion</b>	<p>Registration is the term used by SQA to describe the process of recording candidate details, ie full name, date of birth, gender, address, on to SQA's system.</p> <p>If registration is electronic, candidates may check a box to confirm that they are aware that their personal data will come to SQA. Candidates may sign a data statement on an induction checklist or data form.</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>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 intends 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>
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	<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>◆ Check box on electronic registration</li> <li>◆ SQA data showing the addresses held against candidates and their entry, results and certification status</li> <li>◆ Application and/or enrolment forms</li> <li>◆ Information to candidates, eg at induction, about notifying the centre about any change of address or other personal details</li> </ul>

<b>Criterion 5.2</b>	Data on candidate entries submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.
<b>Specific 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>Centres must submit candidate entries as soon as possible after their enrolment on the programme.</p> <p>Centres must not send entries and results for the same candidate at the same times.</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>Why is this included?</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, so that certification of candidates is accurate</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>Entries cannot be accepted for qualifications which the centre is not approved to offer.</p>
<b>Support information</b>	
<b>Guidance on verifying the criterion</b>	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>The centre must make decisions on when and how often data cleansing and updating should take place, eg extending completion dates where a candidate has an agreed extension or withdrawing entries when the candidate is no longer active. Procedures for data cleansing should be included in their documented system of data management.</p> <p>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>
<p><b>Examples of evidence</b></p>	<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> </ul>

<b>Criterion 5.3</b>	Data on candidate results submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.
<b>Impact rating</b>	High
<b>Why is this included?</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>
<b>Examples of evidence</b>	<ul style="list-style-type: none"> <li>◆ Data management policy and procedures</li> <li>◆ Assessment and internal verification procedures</li> <li>◆ Resulting records</li> </ul>

<b>Criterion 5.4</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>Specific requirements</b>	<p>Centres must retain records of the following for one calendar year following completion of qualifications:</p> <ul style="list-style-type: none"> <li>◆ 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>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, the centre must retain records, including all materials and evidence, until the appeal has been resolved. Thereafter, assessment and internal verification records for appeals cases should be retained for three years.</p> <p>Where an investigation of suspected malpractice is carried out, the centre must retain related records and documentation for three years. In the case of an appeal to SQA against the outcome of a malpractice investigation, assessment records must be retained for five years. In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for six years after the case and any appeal has been heard. If the centre is any doubt about whether criminal or civil proceedings will take place, it should keep records for the full six year period.</p>
<b>Impact rating</b>	Medium
<b>Why is this included?</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 standards by allowing for the review of assessment over time.</p>
<b>Support information</b>	
<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</p>

	<p>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>◆ 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>	<p>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></p> <p><a href="#">Guide to Assessment</a></p> <p><a href="#">Internal Verification: A Guide for Centres offering SQA Qualifications</a></p> <p><a href="#">The Appeals Process: Information for centres</a></p> <p>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></p>