Guide to Systems Verification for Centres in China

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Part A

1 Introduction

1.1 Systems verification is the process by which SQA ensures centres are managing their systems and resources to deliver our qualifications effectively.

This guidance has been developed to support staff in SQA-approved centres in China through the process of systems verification. Your centre will be asked to provide evidence of your written policies and procedures and ongoing implementation of these, to meet our systems quality assurance criteria.

1.2 This guidance replaces the document 'Guide to Remote Verification During COVID-19 for China Centres', published in October 2020, which covered only the restricted criteria used in remote verification during the pandemic.

From August 2023 we will return to verifying against all the systems quality assurance criteria. This guide is an update to the previous version, 'Guide to Systems Verification for Centres in China 2015–18', last published in 2017.

1.3 We provide you with specific guidance in relation to each systems quality assurance criterion for systems in Part B of this guide, including evidence requirements and examples.

1.4 There is a separate guide to qualification verification containing other quality assurance criteria that only apply to qualification verification. This is available in the quality assurance section of SQA's website for China: www.cn.sqa.org.uk.

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

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 be referred to as SVs throughout this publication.

2 Sources of support

Telephone number: +00 44 141 282 5689

China verification

Email: china.verification@sqa.org.uk

Providing support on:

- issuing SV reports to centres
- receiving evidence to address required action points
- logging, tracking and forwarding evidence to SVs

Quality enhancement managers (SVs)

Email: china.verification@sqa.org.uk

Providing information and advice relating to systems verification meetings and the systems requirements for approved centres.

China country manager

Email: Jimmy.Zhang@sqa.org.uk

First point of contact for specific centre queries.

3 Planning systems verification visits

3.1 All systems verification meetings with centres in China are currently being carried out virtually.

3.2 The SV will agree with you in advance who will attend and will send an invite to an online meeting at the agreed date and time.

The SV will ask you to provide some documentary evidence electronically at least 10 days in advance, by uploading it to the SQA centre hub. This will allow them to prepare, and leaves more time during the meeting for discussion, clarification and development. The SV will provide an agenda which lists the documents you must provide. These will provide evidence that your centre is meeting the criteria.

4 Feedback from the SV

4.1 The SV will provide verbal feedback at the end of the meeting to the SQA co-ordinator and any other staff you choose to have present.

The feedback will cover their findings against the systems verification criteria and any recommended or required actions. They will also comment on how well evidence met the criteria and any points of good practice.

4.2 You will be informed of a rating for each criterion:

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

Amber: Insufficient evidence — this means your centre provided 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 your centre has presented no evidence or that the evidence provided falls well short of meeting the criterion (required action points will be set and there may be some recommendations).

4.3 Some criteria have specific requirements which must be fully reflected in your documented systems. If any of these requirements are not addressed, the rating for the criterion will be amber or red, and required actions will be set. If there are no specific requirements stated, the wording of the criterion provides all the necessary information.

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

Having made a decision in relation to each criterion, the SV will explain their decision to you and how they reached it.

They will also tell you the confidence statement for each category, 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

4.4 We define good practice as practice which exceeds our stated requirements, delivered in a particularly effective or creative way.

4.5 The SV may make recommendations as suggestions for improvement. These 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).

Before the end of the feedback meeting, the SV will agree timescales with you for submitting evidence against the required actions. This may involve sending or emailing evidence, or another remote meeting may be required.

5 The systems verification report

5.1 The report will reflect the verbal feedback from your systems verification meeting. 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 verbal feedback has been given and agreed. The actions should also be clear and specific, with an agreed date for achievement.

5.2 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.

5.3 You must submit completed evidence for each required action point by the agreed date and send it to china.verification@sqa.org.uk, rather than to the SV. This ensures that required actions can be tracked by SQA.

SQA will only grant extensions in exceptional circumstances, which you should notify to SQA as soon as you become aware of them.

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.

5.4 You should contact china.verification@sqa.org.uk if you want to query anything in the report.

6 Appeals

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

6.2 Appeals may only be submitted by the head of centre, or their representative. They 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.

6.3 Your head of centre must submit the appeal in writing to the Director of Operations in the corporate office at SQA's Glasgow office. It should be clearly marked as an appeal, and submitted within 15 working days of the date of the discussion with the SQA manager.

6.4 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.

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

6.6 It is likely that you will be required to re-submit the original evidence or that a further meeting will be required to review the original evidence within your centre.

6.7 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

Category 1: Management of a centre

Quality assurance is managed effectively and documented processes that support all SQA qualifications are implemented, reviewed and continuously improved.

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

Impact rating

High

Why is this important?

This ensures that there is a system for the management of quality systems in the centre. You must document your system so it can be audited and evaluated against SQA requirements, both by the centre and by SQA's systems verifiers.

You should review your quality documentation (eg policies, procedures, recording documentation) regularly to ensure that it reflects current practice, is up to date, and is fit for purpose.

Specific requirements

- You must document your quality system.
- You must record and action the outcomes of reviews of your documented processes.
- You must have a system of version control for documentation.

How do I apply the criterion?

You may hold your documents electronically or in hard copy, but they should include policies, procedures and supporting documentation for the assessment of SQA qualifications. Your 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.

You must have a documented schedule for reviewing your quality management system on an ongoing basis and demonstrate how you will record and action reviews and ensure that all staff are made aware of any changes that are made.

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

For 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.

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

Examples of evidence

Documents:

- A quality manual containing all SQA-related policies, procedures, and recording documents
- Staff and/or candidate handbook containing SQA-related policies, procedures and recording documents
- Policies, procedures and recording documents stored on an electronic document management system

Reviews:

- A schedule for the review of policies and procedures
- Internal audits of SQA-related policies and procedures
- Records of changes made as a result of review of policies and procedures

Version control:

- Version control information noted on each document
- A version control table within your quality manual

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

Impact rating

Low

Why is this important?

Senior management endorsement of policies and procedures gives a clear message to all staff and candidates that your centre is committed to quality assurance.

Staff must be made aware of the policies and procedures operating in your centre, and of their responsibility to act in accordance with them.

Specific requirements

All requirements are included within the wording of this criterion.

How do I apply the criterion?

The evidence for this criterion will largely arise from policy control information on the various policy documents, or separate statements which confirm senior management support.

You must also have evidence of dissemination to staff.

Examples of evidence

Endorsement:

- A statement from your dean
- Foreword in quality manual from senior management
- Manager or committee responsibility for development and review of policies is stated on documents
- Signature of senior manager included on master documents

Dissemination:

- A statement or procedure on how documents are disseminated to staff
- A distribution list
- Evidence of digital dissemination eg SharePoint, Google drive, Dropbox etc
- Minutes of meetings which include discussion of policy and procedures
- Staff induction materials

Criterion 1.3: SQA must be notified of any changes that may affect the centre's ability to meet the quality assurance criteria.

Impact rating

High

Why is this important?

This information must be documented in full so staff are aware of this requirement, particularly if they are new to a role.

SQA must hold accurate and current information on approved centres. Most communications from SQA will be sent to the SQA co-ordinator, so it is essential that their name and contact details are current.

Providing this information allows SQA to minimise possible risks and to provide centres with additional support if required.

Specific requirements

You must document, in a procedure or in the roles and responsibilities of staff, who will notify SQA of any changes.

You must show clearly that any of the following specific changes will be reported to SQA:

- change of premises
- change of head of centre, owner, or SQA co-ordinator
- change of name of centre or business
- change of contact details
- outcome of internal and/or external investigations
- removal of centre and/or qualification approval by another awarding body
- lack of appropriate assessors or IVs
- change to your centre’s arrangements for secure storage of SQA examination papers and candidate evidence (where relevant)

How do I apply the criterion?

You must inform SQA by writing to your Business Development and Customer Support contact about:

- change of premises
- change of head of centre, owner, or SQA co-ordinator
- change of name of centre or business
- change of contact details
- the outcome of any relevant internal or external investigations, including malpractice (see criterion 1.5)
- removal of centre and/or qualification approval by another awarding body

You do not need to inform SQA about changes to individual assessors and/or IVs but must notify SQA immediately if you do not have enough appropriate assessors or IVs to deliver the qualifications you have candidates entered for.

Examples of evidence

- Roles and responsibilities of SQA co-ordinator or head of centre which lists changes to be reported in full
- Evidence you have notified SQA of changes (copies of correspondence, updates to SQA Connect etc)

Additional support

Information on how to contact SQA can be found in the Frequently Asked Questions on our website.

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

Impact rating

Medium

Why is this important?

This is to ensure that all staff in your centre are fully aware of their own role and responsibilities, as well as those of others involved in providing SQA qualifications. This includes anyone sub-contracted or working in partnership with your centre.

Specific SQA requirements

You must document and disseminate, to relevant staff, the roles and responsibilities of those involved in:

- the management of SQA qualifications
- the administration of SQA qualifications
- the assessment and quality assurance of SQA qualifications
- sub-contracted services or partnership arrangements

How do I apply the criterion?

The roles and responsibilities may be shown in job descriptions, specific role descriptions, or in procedural documents, but must be sufficiently detailed.

The management of SQA qualifications:

In 'Systems Approval and Verification: Support Materials' we provide exemplar roles. We have grouped all responsibilities for managing SQA qualifications under the role of SQA co-ordinator, but this may not suit your centre. These responsibilities may be split between different members of staff, but you must show clearly how all the responsibilities are covered.

The administration of SQA qualifications:

If your centre has dedicated administration staff, for example for candidate enrolment or data management, you must also document their roles and responsibilities. If administration is undertaken by the SQA co-ordinator, or another member of staff, these responsibilities can be recorded in their role.

The assessment and quality assurance of SQA qualifications:

You must have documented roles and responsibilities for assessors and internal verifiers.

Sub-contracted services or partnership arrangements:

If you sub-contract services or work in partnership with another organisation to assess or quality assure SQA qualifications, you must provide evidence of a signed contract, partnership agreement or memorandum of understanding that clearly identifies the responsibilities of all parties.

You may also wish to document the responsibilities of candidates.

Examples of evidence

- Organisational chart showing the relevant people involved in the SQA programme
- Person specification or job role (if SQA responsibilities are included)
- Information on method of dissemination of this information
- Documented system or procedure for managing partnerships and sub-contracts
- Signed contract, partnership agreements or memoranda of understanding for sub-contracts or partnerships

Additional support

Example roles and responsibilities can be found in Systems Approval and Verification: Support Materials.

Guidance on the use of alternative assessment sites and partnerships can be found on our website.

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

Impact rating

High

Why is this important?

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

Specific SQA requirements

Your policies and procedures for malpractice must cover both malpractice by candidates and malpractice by centre staff.

SQA's expectations are described in 'Malpractice: Information for Centres'.

You must use the following definition.

Malpractice means any act, default or practice (whether deliberate or resulting from neglect or default) which is a breach of SQA requirements including any act, default or practice which:

- compromises, attempts to compromise, or may compromise the process of assessment, the integrity of any SQA qualification, or the validity of a result or certificate; and/or
- damages the authority, reputation or credibility of SQA or any officer, employee or agent of SQA

Malpractice can arise for a variety of reasons:

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

You must describe:

- how suspected malpractice can be reported
- who will undertake investigations and how these may be managed
- how the outcome of an investigation will be communicated
- the types of measures which may be applied to candidates or staff if malpractice is proven
- what actions you may take to prevent further occurrences
- how candidates or staff can appeal a malpractice decision (internally and to SQA)
- what records will be kept and for how long

Malpractice can include both deliberate non-compliance with SQA requirements and maladministration in the assessment and delivery of SQA qualifications. It is necessary to investigate any suspected instances of malpractice, whether they are intentional or not, to protect the integrity of the qualification and to identify any wider lessons to be learned.

Any suspected cases of centre malpractice must be reported to SQA as soon as you have carried out an initial screening exercise to establish the nature of the concern. This includes any concerns where you take the view that no further action is necessary.

You must inform us of any investigation carried out by an awarding body, industry body, funding agency or regulator which may or may not affect the delivery of SQA qualifications. You must also promptly bring to our attention any findings of centre malpractice or maladministration communicated to you by another awarding or industry body. You must notify us promptly if another awarding body removes approval from your centre, regardless of the reason given for this withdrawal. This will allow us to assess any risk to SQA qualifications you offer.

How do I apply the criterion?

All staff and candidates must understand your procedures relating to malpractice.

Your documented procedure must be made available to all staff involved in the delivery and assessment of SQA qualifications as part of the centre staff induction process. This should also be discussed during staff development activities, including standardisation meetings.

As part of candidate induction, you must outline possible malpractice, such as plagiarism, collusion, copying, disruptive behaviour during an assessment etc.

Any concerns of possible staff or candidate malpractice must be investigated as described in 'SQA's Standards for Devolved Investigations', and records maintained and made available to SQA on request.

Examples of evidence

- Documented malpractice policy and procedure
- Log of instances of malpractice or suspected malpractice — or a template for this
- Policy contained within candidate induction materials
- Guidance for candidates on avoiding plagiarism
- Signed declarations of authenticity from candidates
- Policy contained in induction materials for assessors and IVs

Additional support

Malpractice: Information for centres
The Appeal Process: Information for centres

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

Impact rating

Low

Why is this important?

Having a personal interest in the outcome of an assessment amounts to a conflict of interest, which poses a risk to the integrity of assessment. You must take steps to mitigate against this risk.

How do I apply the criterion?

Assessors, IVs 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).

Staff are required to make a declaration if they are related to or have a private relationship, or have a close professional or business relationship with a candidate, and are currently deployed to:

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

Staff are also required to make a declaration if they are related to or have a private relationship with another member of centre staff involved in the internal verification of assessments. For example, where the assessment decisions of an assessor are to be internally verified by a relative.

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.

Copies of documentation, including details of the action taken to mitigate against the conflict of interest must be retained for a year after completion of the qualification in question.

Examples of evidence

- Procedure for managing conflict of interest for assessors, IVs and invigilators
- Signed staff declarations
- Signatures of assessors and IVs to confirm no personal interest in the outcome of assessment on candidate portfolios
- Information (in staff handbook, or induction checklist, for example) that any interest must be declared, and to whom
- Records of notification of conflict of interest and actions taken to address this

Additional support

Guidance on writing conflict of interest in assessment procedures can be found in Systems Approval and Verification: Support Materials.

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

Impact rating

Medium

Why is this important?

This is to ensure that all staff are fully aware of SQA's current requirements. This could be information on 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, so you must have an effective internal process for communicating information to relevant staff. It is important that you can demonstrate that you have established systems for communicating with SQA and candidates in order to keep everyone fully informed.

How do I apply the criterion?

You must state, in your roles and responsibilities, who has responsibility for communicating with SQA and for distribution of information from SQA to staff and candidates.

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.

You may keep decision logs or minutes of staff meetings. Other staff, such as assessors or tutors, may have specific responsibility for passing on information to candidates, and receiving information from them.

You may be asked to, or wish to, provide feedback on certain issues to SQA (eg comments on qualifications, feedback on examination papers) and your roles and responsibilities can also cover this.

Examples of evidence

- Documented roles and responsibilities (eg SQA co-ordinator, IVs, line managers)
- Evidence of digital communication, such as emails, texts, group chat, discussion boards etc
- Distribution lists
- Minutes of meetings

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

Impact rating

Low

Why is this important?

You must ensure that staff and candidates are given the opportunity to provide feedback on your systems and the SQA qualifications that candidates undertake. This feedback should be reviewed so that your systems and programmes are improved for future participants.

Feedback must be used to:

- assist with monitoring the operation of your systems
- ensure that you continue to comply with SQA criteria
- inform continuous improvement

How do I apply the criterion?

You must develop procedures and mechanisms to encourage, capture and review feedback from your candidates, and from your assessment team.

Feedback must be reviewed and acted upon. You must keep evidence of action being taken as a result of feedback (where appropriate).

Examples of evidence

- Feedback procedure
- Feedback forms
- Analysis of feedback
- Records of actions in response to feedback
- Minutes of meetings

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

Impact rating

High

Why is this important?

In order to make an objective assessment of your compliance with SQA quality assurance criteria, our representatives must have access to the relevant people and documentation.

How do I apply the criterion?

SQA will make all requests for access to your SQA co-ordinator. The documented role and responsibilities of your SQA co-ordinator must include the management of SQA external quality assurance.

You may also include procedures for the preparation and management of external verification visits in other documents, such as those on the role of the IV, or assessment and verification procedures.

Examples of evidence

- Documented procedures for handling quality assurance activity
- Roles and responsibilities
- Permission for SQA quality assurance representatives to obtain access

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

Impact rating

Medium

Why is this important?

The results of SQA external quality assurance activity must be made known to all relevant centre staff, to encourage positive aspects and good practice, and to make staff aware of any required action or recommendations. Staff must be clear about their roles in addressing action points, and any agreed timescales.

If SQA systems or qualification verification results in required actions, an agreed timescale will be set for addressing these. Sanctions may be applied if you do not fully meet the action points within this timescale.

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

How do I apply the criterion?

You must have an effective process in place to share SQA quality assurance reports with staff who are involved with SQA qualifications. Quality assurance reports will always be sent to your SQA co-ordinator. The documented role of your SQA co-ordinator must include the responsibility to communicate the outcomes of external quality assurance activity to appropriate staff.

The documented role of your SQA co-ordinator (or other role within your centre responsible for quality assurance) must include the responsibility to ensure that any required actions are met within the agreed timescale.

Exceptional circumstances may arise which make it difficult to fully meet the required actions within the agreed timescale. Requests for extensions should be made at the earliest opportunity and before the agreed action date is reached.

Examples of evidence

- Roles and responsibilities, for example: SQA co-ordinator, IV
- Signed distribution list
- Corrective action log or report
- Minutes of meetings

Category 2: Resource management

The centre procedures for managing resources must be documented, implemented and monitored to meet SQA requirements.

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

Impact rating

High

Why is this important?

To ensure the validity and integrity of the qualifications offered by SQA, it is important that assessors and IVs have the appropriate qualifications and occupational competence for qualifications they are assessing and/or verifying. Your awareness of these requirements and the processes you have in place for addressing them will be checked during systems verification.

Specific SQA requirements

Assessors and IVs must have the occupational experience and understanding, and any necessary qualifications specified in the SQA requirements for the qualification. The requirements can be found in the published guidance for each qualification, such as the assessment strategy, unit specification, operational handbook, arrangements document or group award strategy document.

How do I apply the criterion?

In systems verification, the focus is on the policies and procedures for recruitment, selection and deployment of staff as assessors and internal verifiers. The qualification verifiers will check the specific qualifications and occupational competence of staff in relation to the qualifications they are verifying, and that continuing professional development has been undertaken and recorded.

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.

Examples of evidence

- Recruitment or selection policy or criteria
- Job descriptions or person specification
- Information on processes for deployment of staff as assessors and IVs
- Job adverts
- Policies and procedures for training and development, CPD
- Training needs analyses
- Minutes of relevant meetings

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

Impact rating

Medium

Why is this important?

It is important that all new assessors and IVs have an induction programme, so they are clear about their roles and responsibilities and are familiar with your 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. Updates must also be provided to staff who have been inactive in the roles of assessors and IVs for some time or where there have been any significant changes to your centre's procedures.

Specific SQA requirements

You must keep records of assessor and verifier induction.

Before undertaking any assessment activity, assessors and IVs must be provided with induction training which covers:

- the qualification assessment strategy
- the content of your candidate induction (see criterion 3.1)
- your internal verification procedures (see criterion 4.1)
- your malpractice policy or procedures (see criterion 1.5)
- your conflict of interest in assessment policy or procedures (see criterion 1.6)
- secure storage and transport of assessment materials (see criterion 4.5)
- your retention policy for candidate assessment evidence (see criterion 4.7)
- your retention policy for candidate records (see criterion 6.4)

How do I apply the criterion?

Assessor and verifier induction may be combined with your organisation's new staff induction, covering specific and generic information about your centre, but the role-specific information in the topics above must be included in full.

As a minimum, your record of assessor and verifier induction can be a checklist, but you may provide induction information using other methods, such as a staff handbook, an online module or a classroom presentation.

Examples of evidence

- Induction checklist (examples of checklist signed by assessor or IV)
- Staff handbook
- Staff induction pack

Additional support

An exemplar assessor and verifier induction checklist can be found in Systems Approval and Verification: Support Materials.

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

Impact rating

Medium

Why is this important?

It is your responsibility to ensure that you have sufficient resources to enable all candidates to achieve the competences defined in the qualifications you offer.

You must review your resources regularly to ensure that they remain relevant, current and available in quantities appropriate to the qualification requirements and candidate numbers.

How do I apply the criterion?

Roles and responsibilities relating to approval for new qualifications must be documented.

Initial review of resources is part of the approval process.

When you seek approval for new SQA qualifications you must plan and allocate staff and physical resources, and learning, teaching and assessment materials, before you submit approval forms to SQA.

All communication between your centre and SQA about qualifications approval must be through the SQA co-ordinator. This is to ensure that the SQA co-ordinator is aware of additional approval applications and that these have been fully processed through your own internal procedures before being submitted to SQA.

Your internal procedures must reflect the size and complexity of your organisation.

All organisations must be able to evidence a link between resource and activity planning and making approval submissions to SQA.

You must document ongoing reviews of assessment environments and equipment, and of reference, learning and assessment materials. You 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).

Examples of evidence

Initial review:

- Roles and responsibilities for approval
- Documented internal procedure for approval
- Minutes of meetings, recording templates for planning new qualifications and approval submissions
- Completed approval forms
- SQA approval reports
- Qualifications verification reports after approval

Ongoing review:

- Documented system of review
- Minutes of relevant meetings
- Procurement records
- Library contents
- Internal verification records relating to review of assessments
- Records of additional sites

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

Impact rating

Medium

Why is this important?

Some assessment sites may be owned or managed by another organisation that has its own processes, policies and procedures. These are referred to in SQA guidance as 'alternative assessment sites'.

You must ensure that your quality assurance systems extend to all sites you use to assess candidates and ensure that all alternative assessment sites have appropriate resources for each qualification you assess there, and that candidates have a consistent experience wherever they are located.

SQA verifiers will report to SQA any concerns they have about safety or access arrangements at an assessment site they have seen.

If your centre has, or intends to use, multiple campuses, then you must provide documentation that you will use to record checks undertaken. Access for SQA staff must be included in this.

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

Any concerns raised by qualification verifiers relating to safety or access arrangements at an assessment site they have seen will be reported to SQA.

How do I apply the criterion?

If you use alternative assessment sites (as defined above), you must provide documentation that records the checks you have undertaken to ensure their suitability.

You must ensure that access to alternative assessment sites is available at suitable times for candidates and staff. You must also ensure that, if requested, access for SQA staff can be arranged.

Guidance on the use of assessment sites owned by other organisations is available on SQA's website. This includes:

- a declaration form for sites in other countries or nations
- exemplar site checklists, which you can use in their entirety, or use to ensure that your own documentation incorporates all the checks required by SQA

Examples of evidence

- Procedures for managing assessment sites
- Completed site checklists (or other documentation covering the same points)

- Signed agreements with other organisations that own sites you use for assessment

Additional support

Guidance on the Use of Alternative Assessment Sites and Partnership Agreements can be found on our website.

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.

Impact rating

High

Why is this important?

Providing this information at induction ensures your candidates are aware of the procedures relevant to the qualification they are undertaking and know about their responsibilities and rights.

Specific SQA requirements

You must keep records of candidate induction. Before you submit entries, candidates must be provided with an induction which covers:

- the content and structure of the qualification
- the roles and responsibilities of the candidate, assessor, IV and external verifier
- information on guidance and support available to them
- information on how and when assessment will take place and the opportunities for re-assessment (including charging policy, if relevant)
- how feedback on assessments will be provided
- your commitment to providing equal access to assessment
- information on how candidates with additional support needs or alternative assessment needs can request reasonable adjustments to assessments
- your malpractice policy and procedures, and any declarations of authenticity
- your complaint or grievance procedures
- your internal assessment appeals procedures
- notification that their personal information will be sent to SQA for the purposes of entries and certification, and maintenance of their record of achievement

How do I apply the criterion?

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

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

Examples of evidence

- Policies and procedures for candidate guidance and support
- Candidate or learner agreement
- Induction pack or checklist

- Information on support services available
- List of reference or learning materials

Additional support

An exemplar candidate induction checklist can be found in Systems Approval and Verification: Support Materials.

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

Impact rating

Medium

Why is this important?

As an SQA-approved centre, you must ensure that everyone eligible to take a qualification has an equal chance of benefitting from the services you provide. There must be no discriminatory barriers in the way of anyone who wants to take SQA qualifications.

Specific SQA requirements

There must be a documented commitment to equal access to assessment.

How do I apply the criterion?

SQA systems verification focuses on equal opportunities in relation to SQA qualifications and the candidates undertaking them.

Within the constraints of available resources and current legislation, you must ensure that no-one is discriminated against because of any of the protected characteristics:

- age
- disability
- gender
- gender re-assignment
- marriage and civil partnership
- pregnancy and maternity
- race and ethnicity
- religion and belief
- sexual orientation

You must cover all these protected characteristics in your policy.

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.

Examples of evidence

- Policy statement on equal access to assessment
- Documented assessment arrangements procedure and/or statement
- Information on procedures and support services available in candidate induction handbook or materials
- Statement in roles and responsibilities of assessors
- Initial application form which requests disclosure on any disability and/or additional support needs

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

Impact rating

Medium

Why is this important?

Assessment arrangements, or reasonable adjustments to assessment allow candidates who are disabled, and/or who have been identified as having additional support needs or alternative assessment 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 you consider their individual assessment needs when selecting the most appropriate method of assessment.

Specific SQA requirements

You must inform all candidates at induction that assessment arrangements to address additional support needs are available.

You must have procedures for managing assessment arrangements which cover:

- how you identify and evidence candidate needs
- how needs are met across different subjects or units
- how recommendations for assessment arrangements are independently confirmed*
- how you record and communicate any assessment arrangements put in place
- how you will manage the review of candidate needs and support over time

*Before they are implemented, arrangements for individual candidates must be discussed by an assessor and IV (or other suitably qualified staff member). A record which confirms that these arrangements are suitable and practicable must be kept. This means no single assessor can implement adjustments to an assessment without confirmation from another staff member. These arrangements should be reviewed over time, and any further adjustments recorded.

How do I apply the criterion?

You must consider how you will address any barriers to assessment your candidates may have. These might include nightshift working; physical or sensory impairment; English as a second language; or learning difficulties. Barriers must be removed wherever possible, but any changes should not give an unfair advantage over other candidates or compromise the integrity of the assessment.

Examples of evidence

- Policy statement on equal access to assessment and re-assessment
- Documented assessment arrangements procedure or statement
- Information on procedures and support services available in candidate induction handbook or materials
- Statement in roles and responsibilities of assessors

- Initial application form which requests disclosure on any disability and/or additional support needs

Additional support

Information on assessment arrangements is available in the Guide to Assessment.

Guidance on writing assessment arrangement procedures can be found in Systems Approval and Verification: Support Materials.

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

Impact rating

Medium

Why is this important?

SQA wants to ensure that candidates undertaking our qualifications are provided with a complaints or grievance process that allows candidates to raise concerns relating to assessment. A robust complaint handling procedure will provide candidates with a structured mechanism to raise assessment-related concerns with your centre and allow investigation and response or resolution.

Specific SQA requirements

You must provide candidates undertaking SQA qualifications with a complaints or grievance process that allows them to raise concerns relating to assessment.

The procedure can be invoked at any stage of a candidate's qualification and should be used for complaints about assessment-related matters. However, it must be clear that disagreement about academic judgement will not be handled through the complaints procedure and must be processed through the appeals procedure (see criterion 4.8).

If a candidate remains dissatisfied at the end of your centre's complaints procedure, you must provide full and clear information about the types of independent external review available following completion of your own complaints procedure. For assessment-related complaints, candidates must be informed that they may have the right to escalate their complaint to SQA Awarding Body and be provided with details of how to do this.

How do I apply the criterion?

You must have a documented complaints or 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 must be at least two people with whom candidates can raise complaints initially. Your procedures must also include mechanisms for:

- telling candidates about the complaints procedure
- notifying the candidate of the outcome and subsequent actions
- appropriate signposting for external review
- recording and retaining records

Where the candidates are employees of your centre, your documented procedure may be staff grievance procedures, but the escalation process described in the SQA requirements above would still apply and must be clearly communicated.

You must inform all candidates that SQA can consider complaints from any candidates about assessment-related issues — including broader issues such as the conduct of and environment for assessment — but only if the candidate has already exhausted your centre's complaints procedure, or the centre has unreasonably failed to apply its procedure correctly.

SQA will not consider complaints about the wider experience of being a student (such as student support services, funding, student facilities).

Disagreement about academic judgement will not be handled through the complaints procedure and must be processed through the appeals procedure (see criterion 4.8).

Complaints must be analysed for trends, to inform quality improvement in your centre.

Details of any complaints or grievances must be logged and retained for review by SQA quality assurance staff.

Examples of evidence

- Documented complaints procedure, including statements on when candidates can complain to SQA
- Procedure contained within candidate induction materials
- Logs of complaints received and action taken
- Analysis of complaints received and any actions arising

Additional support

Guidance on writing complaints procedures can be found in Systems Approval and Verification: Support Materials.

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.

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

Impact rating

Medium

Why is this important?

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.

Specific SQA requirements

Your internal verification procedures must include the three stages of internal verification which are pre-assessment, during assessment, and post-assessment.

How do I apply the criterion?

It is a requirement of being an SQA-approved centre that you operate an effective and documented internal quality assurance system. You must regularly review the effectiveness of your procedures and make any necessary improvements. You must also ensure that changes made by SQA are adopted. Your documented internal verification policy and procedures must cover the following:

Stage 1 (Pre-assessment)

At the pre-assessment stage, your procedures must describe how you:

- check assessment instruments for validity, currency and fitness for purpose, including SQA-devised assessments
- submit centre-devised assessments to SQA for prior verification, where appropriate
- ensure all assessors and IVs have a common understanding of the standards required, even when assessments have been published by SQA

Stage 2 (During assessment)

At the during assessment stage, your procedures must describe:

- how and when you internally verify candidate evidence
- the documentation you use to record assessment and verification activities
- your schedule of assessor and IV meetings and how these are recorded
- how you record standardisation activities
- how you minimise the risk of plagiarism
- the assessment and internal verification records you keep

Sampling candidate evidence

Within this stage you must also state your centre's sampling strategy.

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

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

Stage 3 (Post-assessment)

At the post-assessment stage your procedures must state how you review and update your assessment and internal verification processes.

Examples of evidence

- Documented internal verification procedure
- Minutes of assessor/internal verifier meetings
- Records of standardisation
- Records of sampling activity
- Schedules of internal verification activities
- Documented feedback to assessors
- Review records such as action notes, minutes of assessor/internal verifier meetings
- Internal audit, review records
- Document control records logging any changes to procedures
- Notification to staff of changes to procedures

Additional support

Internal Verification: A Guide for Centres
Internal Verification Toolkit
SQA's Guide to Assessment

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

Impact rating

High

Why is this important?

This is to ensure that the security and integrity of the assessment material is maintained. In particular, this relates to assessments where a candidate would gain an unfair advantage by seeing the assessment in advance and the assessment is carried out under controlled conditions (for example an SQA Advanced Graded Unit examination).

This includes both assessments developed within your centre and assessments produced and published by SQA.

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

Specific SQA requirements

You 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.

How do I apply the criterion?

Your arrangements for secure storage and transport must be documented and covered in assessor and IV induction (see criterion 2.2).

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

SQA's secure website for centres is an online resource containing assessment exemplar content and other secure information used in the delivery of our suite of qualifications. To access the secure site, you must be approved for qualifications which have 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 IVs is granted at the discretion of the SQA co-ordinator. It is your responsibility to ensure that the security of assessment materials accessed from the secure site is maintained within your centre.

Examples of evidence

- Physical evidence of secure storage of assessment materials and candidate assessments
- Documented procedure for storing assessment materials, notifying SQA of any breaches of security
- Documented roles and responsibilities, eg of SQA co-ordinator, assessors
- Assessor and internal verifier induction checklists

Additional support

Guidance on writing procedures for the security of internal assessments can be found in Systems Approval and Verification: Support Materials.

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

Impact rating

High

Why is this important?

Candidate assessment evidence must be retained for defined periods for the purposes of internal and external verification, and in case of any resulting queries, candidate internal assessment appeals or suspected malpractice.

Specific SQA requirements

You must retain candidate assessment evidence for the periods set out in the Evidence Retention Requirements Table on the SQA website.

If an appeal against an internal assessment result is made, you must retain records, including all materials and candidate evidence, until the appeal has been resolved.

If an investigation of suspected malpractice is carried out, you must retain related records and documentation for three years.

If an appeal to SQA against the outcome of a malpractice investigation is made, you must retain assessment records for six years.

If an investigation involving a potential criminal prosecution or civil claim is carried out, records and documentation must be retained for six years after the case and any appeal has been heard. If there is any doubt about whether criminal or civil proceedings will take place, you must keep records for the full six-year period.

How do I apply the criterion?

You must note the evidence retention requirements for the specific qualifications you are approved to offer. These are displayed on the Evidence Retention Requirements Table on the SQA website.

You must document the specific retention requirements which apply to your centre and cover these in induction for assessors and IVs (see criterion 2.2).

Candidate assessment evidence may be in electronic, paper, video or audio formats. Whatever the format, it must be stored securely (see criterion 4.5).

There are separate requirements for retention of records of assessment outcomes and candidate achievement (see criterion 6.4).

Examples of evidence

- Documented retention policy
- Assessment policy and procedures including retention of evidence
- Assessor and internal verifier induction checklist

- Description of the arrangements centres have in place for ensuring SQA verifiers have appropriate access to candidate evidence during verification events
- Physical evidence of storage of candidate assessment evidence

Additional support

Evidence Retention Requirements Table

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

Impact rating

Medium

Why is this important?

If a candidate disagrees with an internal assessment decision, they must have the right to appeal. They must know the grounds on which an appeal can be made, and the procedure for doing so.

How do I apply the criterion?

You must have a documented internal appeals procedure and ensure that this is included as part of candidate induction (see criterion 3.1).

Reasonable timescales must be attached to each stage of the process. Your appeals procedure must include mechanisms for:

- dissemination of information about the procedure to candidates
- notifying the candidate of the outcome and subsequent actions
- recording and retaining records

There must be at least three internal stages in your procedure, for example:

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

Details of any appeals must be retained for review by SQA quality assurance staff.

Examples of evidence

- Documented appeals procedure, with appropriate stages
- Procedure contained within candidate induction materials
- Log and records of all internal assessment appeals

Additional support

Guidance on writing internal assessment appeals procedures can be found in Systems Approval and Verification: Support Materials.

Category 5: External assessment

This category only applies where centres are delivering SQA qualifications with assessments set and marked by SQA.

This does not apply to Advanced Certificates and Advanced Diplomas and therefore does not apply to centres in China.

The criteria will be marked as Not Applicable in the systems verification report.

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.

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

Impact rating

High

Why is this important?

SQA holds personal data on candidates in order to identify and certificate candidates.

SQA may have to contact candidates directly and therefore needs to have home addresses. There is also a risk that candidate correspondence or certificates might be sent to the wrong centre.

Specific SQA requirements

Your centre 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 informed that their personal data will be sent to SQA for the purposes of entering them for an SQA qualification, for certification and for maintenance of their record of attainment. SQA's Privacy Statement must be provided to candidates so that they can be made aware how SQA will use the candidate information collected.

How do I apply the criterion?

It is essential that you have documented processes in place that will ensure that complete, current and accurate data is supplied to SQA.

Your procedure must cover:

Personal data

You provide personal data to SQA when you make a Registration Creation.

'Registration' is the term used by SQA for the process of recording candidate details (ie full name, date of birth, gender, address) onto SQA Connect.

Your procedures must take account of the fact that registration is a one-time only process.

Your centre must check whether candidates have a Scottish Candidate Number (SCN) before sending their details for initial registration. If a candidate already has an SCN, you may have to update the candidate's personal data, for example to enter their current address.

Appropriate centre staff must be aware of, and implement, your centre's step-by-step procedures for data transfer between the centre and SQA, to ensure that accurate certification takes place.

GDPR and candidate notification

SQA expects all centres to comply with the General Data Protection Regulation. Candidates must be informed that their personal details will be passed to SQA (as described above in the SQA requirements). This could be included as a statement on a candidate application or enrolment form. SQA does not require centres to obtain consent for this processing.

Centre use of personal data

Personal information supplied by SQA is for use as an SQA-approved centre only. It must not be used for marketing purposes, or any purpose which could reasonably be objected to by a candidate. You must hold information securely (this applies to electronic files and hard copies) and provide details about your centre's security measures and access controls to candidates.

Examples of evidence

- Documented data management policy and procedures
- Data protection policy
- Roles and responsibilities, eg of data management staff
- Signed candidate information or data exchange agreements
- Check box on electronic registration
- Application and/or enrolment forms
- Information to candidates, eg at induction, about notifying the centre about any change of address or other personal details

Additional support

Guidance on writing data management procedures and an example data management flowchart can be found in Systems Approval and Verification: Support Materials.

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

Impact rating

High

Why is this important?

Your centre must notify SQA of registered candidates undertaking units and awards as soon as possible after they have enrolled on their programme of study.

This is to ensure that:

- learners undertaking SQA qualifications are entered as SQA candidates, with the associated responsibilities and entitlements
- SQA can plan qualification verification visits effectively
- there is accurate certification of candidates when results are submitted

Entry information must be kept up to date to avoid delays in the release of certificates.

You must have a process in place for checking the status of the qualification, to ensure that you are able to submit entries, and the candidates can be resulted and certificated, on time. Entries cannot be accepted for qualifications which your centre is not approved to offer, or where the qualification is finished or in its lapsing period.

Specific SQA requirements

You must have a process in place to ensure that your 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.

Candidate entries must be made as soon as possible after their enrolment on the programme.

You must not submit entries and results for the same candidate at the same time.

You must update candidate data at the recorded completion date, by submitting results, withdrawing the candidate (from units and group awards, as appropriate) or, if a candidate has been granted an extension, extending the completion date.

How do I apply the criterion?

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. It is essential that you have documented processes in place to ensure that complete, current and accurate data is supplied to SQA.

Appropriate centre staff must be aware of, and implement, your centre's step-by-step procedures for data transfer between the centre and SQA to ensure that accurate certification takes place.

You must observe the relevant completion dates, finish dates and lapsing periods for qualifications. You can find these details through the Navigator function of SQA Connect.

Based on your qualification type and client base, your centre must make decisions on when and how often data cleansing and updating should take place (for example, to extend completion dates where a candidate has an agreed extension, or to withdraw entries when the candidate is no longer active).

Procedures for data cleansing must be included in your documented system of data management.

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 one of five status codes:

Status code 1 — open entry
Status code 2 — withdrawn entry
Status code 3 — provisional result
Status code 4 — final result
Status code 5 — certificated result

Examples of evidence

- Documented data management policy and procedures, including procedures for gathering and submitting entries and cleansing entry data
- Internal records of entries

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

Impact rating

High

Why is this important?

This is to ensure that results are submitted at the appropriate time in order to:

- allow SQA the opportunity to carry out quality assurance
- give SQA sufficient time for the smooth operation of certification processes
- prevent any unnecessary delays to candidates receiving the certificate that they are entitled to

How do I apply the criterion?

It is essential that you have documented processes in place to ensure that complete, current and accurate data is supplied to SQA. Appropriate centre staff must be aware of, and implement, your centre's step-by-step procedures for data transfer between the centre and SQA to ensure that accurate certification takes place.

Your procedures must include details of how results, once they have been confirmed through your centre's internal quality assurance processes, will be passed from assessors or IVs to data management staff, with timescales for the processing of results.

Examples of evidence

- Data management policy and procedures
- Assessment and internal verification procedures
- Resulting records

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

Impact rating

Medium

Why is this important?

This is to ensure that accurate records of candidate achievement are retained securely to assist any future quality assurance enquiries and to minimise any risk of wrongful certification claims.

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

Specific SQA requirements

Following completion of SQA qualifications, your centre must keep, for one calendar year, the following records:

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

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

If an investigation of suspected malpractice is carried out:

You must retain related records and documentation for three years.

If an appeal to SQA against the outcome of a malpractice investigation is made:

Assessment records must be retained for six years.

If an investigation involving a potential criminal prosecution or civil claim Is carried out:

Records and documentation must be retained for six years after the case and any appeal has been heard.

If there is in any doubt about whether criminal or civil proceedings will take place, your centre should keep records for the full six-year period.

How do I apply the criterion?

You must document your system for the accurate recording and storage of candidate records, including required retention periods, within your data management procedures. The systems verifier may ask you to provide physical evidence of the secure storage of your records.

Examples of evidence

- Details of candidate assessment, including the name of the assessor, location, date and outcome
- Results sheets or records
- Secure storage policy
- Physical evidence of secure storage
- Records of internal verification activity
- Certificates claimed

Additional support

Retention of candidate assessment records table