

# Quality Manual: Assessment and Verification Procedure

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## Version Control History

Version Number	Date of Change	Summary of Revisions Made
V10	August 2015	<p>Process updated to include revised criteria from SQA Quality Framework 2015-2018.</p> <p>Including:</p> <ul style="list-style-type: none"> <li>▪ Addition of standardisation activity.</li> <li>▪ Introduction of IV9 form to record exceptional assessment opportunities.</li> <li>▪ Retentions times vary depending on whether or not the Centre was selected for EV activity.</li> </ul>
V11	January 2017	<p>Revision were made to:</p> <ul style="list-style-type: none"> <li>▪ Reformat the document from a Handbook to a cross-college Procedure.</li> <li>▪ Additional definitions and responsibilities added.</li> <li>▪ Introduced 3 stages to the verification procedure: pre-delivery, during delivery, post-delivery.</li> <li>▪ Mapped to awarding body criteria ie SQA, C&amp;G, Active IQ.</li> </ul>
11.1	June 2017	<p>Minor amendment to wording in the following sections as advised by the SQA Quality Enhancement Manager during the Systems Verification review:</p> <p>4.5 <b>Sector Development Director (SDD)</b> has responsibility to: in particular to the Assessor/IV development for non-regulated awards, and conflict of interest.</p> <p>5.6 <b>Timing of Assessment</b>, in particular to a student failure when not submitting an assessment, exceptional re-assessment,</p> <p>5.7 <b>Re-assessment Guidelines</b> in particular to section 5.7.1 – remediation provides student clarification of understanding.</p> <p>5.9 <b>Retention of Evidence</b> in particular to sections 5.9.1 and 5.9.4 which was wholly rewritten.</p> <p>5.10 <b>Academic Assessment Appeals</b> in particular to sections 5.10.1, 5.10.2, 5.10.3 and 5.10.4 which had minor amends.</p> <p>6.3 <b>Establishment of Assessors and Internal Verifiers</b> in particular to section 6.3.5 which was newly written.</p> <p>6.10.3 <b>Arranging an EV visit</b>, adding in sections 6.10.3.6 and 6.10.3.7.</p>



# Assessment and Verification Procedure

## 1 Purpose

- 1.1 To define the procedure for the quality assurance of curriculum assessment within the College. This includes the development of assessment methods and instruments, the standardisation and verification of assessment evidence and the verification of the recording process.
- 1.2 The purpose of Assessment is to evaluate an individual's learning. It involves generating and collecting evidence of a learner's attainment of knowledge and skills and judging that evidence against defined standards.
- 1.3 The purpose of Verification is to ensure that all candidates being assessed for certificated awards are being assessed fairly, accurately defined standards.

There are 2 types of Verification:

- The verification of assessment instruments prior to use.
- The verification of assessed candidate evidence.

Effective internal verification is an ongoing process. It allows good practice to be shared, and can help identify problems at an early stage. Leaving internal verification to the end of the assessment process is poor practice and can jeopardise candidates' chances of gaining qualifications because there may not be sufficient time to carry out remedial action or re-assessment.

### 1.4 Verification of College Led Assessment

The Centre's internal and external assessment and verification procedures must be documented, implemented and monitored to meet the relevant awarding body requirements.

Examples of such criteria can be seen below from the SQA Quality Framework 2015-18, Criterion 1.6, 4 and 5:

#### Criterion 1 Management of a Centre

Ref	Criteria	SQA Requirements (where given)	Impact Rating
1.6	No-one with a personal interest in the outcome of an assessment is to be involved in the assessment process. This includes assessors, IVs and invigilators.	Develop guidance on what is meant by personal interest and conflict of interest, scenarios, ways of declaring and dealing with it.	Low

#### Criteria 4 – Internal Assessment and Verification

Ref	Criteria	SQA Requirements (where given)	Impact Rating
4.1	Internal assessment and verification procedures must be documented, monitored and reviewed to meet SQA requirements.	The Centre's internal verifications procedures must include the 3 stages of pre-assessment, during assessment and post assessment.	Medium
4.2	Internal assessment and verification procedures must be implemented to ensure standardisation of assessment.		Medium
4.3	Assessment instruments and methods and their selection and use must be valid, reliable, practicable, equitable and fair.		High
4.4	Assessment evidence must be the candidate's own work, generated under SQA's required conditions.		High
4.5	Assessment materials and candidate evidence (including examination question papers, scripts and electronically-stored evidence) must be stored and transported securely.	Centres must make all staff aware that any breach in the security of the assessment materials published on the secure site must be reported immediately to SQA.	High
4.6	Evidence of candidates' work must be accurately and consistently judged by assessors against SQA's requirements.		High
4.7	Candidate evidence must be retained in line with SQA requirements. In most cases, Centres are required to retain candidate assessment evidence for 3 weeks after the candidate unit completion date the Centre has notified to SQA. Evidence must be retained until any External Verification is completed.	In cases of appeals to SQA against an internal assessment result in a regulated qualifications, all records must be retained for 5 years. In cases of suspected malpractice, evidence must be retained for 3 years, and for 5 years in cases of appeal to SQA against a malpractice case.	High
4.8	Internal assessment appeals must be handled in line with a documented procedure which meets SQA requirements.		Medium
4.9	Feedback from qualification verifiers must be disseminated to staff and used to inform assessment practice.		Medium

## Criteria 5 – External Assessment

Ref	Criteria	SQA Requirements (where given)	Impact Rating
5.1	Assessment evidence must be the candidate's own work, generated under SQA's required conditions.	Conditions of assessment will be qualification-specific and must be communicated and adhered to within the Centre. Centres must ensure that appropriate resources are made available and that no candidates are disadvantaged.	High
5.2	Assessment materials and candidate evidence, (including examination question papers, scripts and electronically-stored evidence) must be securely stored and transported.	Question papers and any other confidential examination materials must be stored securely at the Centre's registered address in a secure room solely assigned to examinations for the duration of the examinations diet, and only persons authorised by the Head of Centre must be allowed access to this facility. Centres must inform SQA immediately if the security of question papers or confidential examination materials is breached.	High
5.3	The centre must submit, where appropriate, within published timelines, results services requests.	Qualification-specific requirements for qualification with externally-assessed elements must be communicated and adhered to within Centres.	Medium

## 2 Scope

The procedure applies to all provision delivered by the College where assessment for certification is wholly or partly the responsibility of the College. The procedure is designed primarily to meet the requirements of SQA. If the requirements of an Awarding Body, other than SQA, go beyond those outlined in this procedure, the requirements of that Awarding Body will be adhered to.

The emphasis in this handbook is on SQA, City & Guilds, and UHI Awards since these represent the majority of the College's provision.

However, the **principles** of internal verification do not differ greatly between Awarding Bodies. If the requirements of an individual Awarding Body differ from those stated here (eg in terms of reporting or methodology) then those requirements should be adhered to. This is written into the procedure.

In response to changes in Awarding Body requirements, and as the result of external/internal audit and other evidence, the Head of Quality will conduct a periodic review of this Assessment and Verification Procedure to ensure it is fit for purpose. Changes will be processed and authorised as necessary.

### 3 Definitions and Forms

#### 3.1 Definitions

- 3.1.1 **Assessment.** The process of evaluating an individual's learning.
- 3.1.2 **Conflict of Interest.** A person who is assessing, internally verifying or invigilating the assessment of a candidate who is known to them outside of work in the capacity of being closely related to or having a close personal relationship with them shall be deemed to have a conflict of interest with that candidate and should declare it to the Sector Development Director.
- 3.1.3 **Diagnostic Assessment.** Used at the start of a learning process to discover a candidate's strengths and weaknesses, to identify a learning programme for them.
- 3.1.4 **FE.** Further Education. A course at or below SCQF Level 6.
- 3.1.5 **Formative Assessment.** Used in the learning environment to provide information on a candidate's progress and contribute to individual learning by reinforcing and complementing that learning.
- 3.1.6 **HE.** Higher Education. A course at or above SCQF Level 7.
- 3.1.7 **Master Folder.** A file maintained in a known and preferably central location containing all the necessary documentation pertaining to the assessment and verification of a unit. A checklist defining minimum and desirable documentation is provided (IV 7).
- 3.1.8 **Reassessment/Resit.** Where students have been unsuccessful in demonstrating their attainment of skills or knowledge or competence, they can be offered a re-assessment opportunity.
- 3.1.9 **Remediation/Resubmission of Assessment.** Where a student has only marginally failed to demonstrate their attainment of skills, knowledge or competence they can be given remediation by the assessor to make up this shortfall through clarification, extension, correction, or additional evidence.
- 3.1.10 **Standardisation Activity.** Standardisation is the activity that takes place between an assessor and internal verifier to confirm mutual understanding of the marking criteria for each assessment instrument to ensure marking to the same evidence criteria and standards occurs. This activity should take place prior to the assessment being taken by the students and can again take place using to validate marking standards of student assessments.
- 3.1.11 **Summative Assessment.** Used for awarding formal qualifications when individual learning is assessed against a particular unit specification or standard.
- 3.1.12 **Verification.** The process by which assessment instruments are checked as appropriate prior to use and the judgements made by assessors are checked to ensure they are fair and consistently applied to the specified standard.



### 3.2 Internal Verification Forms

SQA and City and Guilds are both content that Perth College IV forms adequately record verification activity.

Where a new Awarding Body is being considered, then agreement must be reached on this as part of the Accreditation and Approval Process.

Where departments use other forms, these are agreed with their EV eg Automotive Engineering Verification of City and Guilds awards.

#### 3.2.1 **Form IV 1** – Meeting Agenda and Action Plan. This is the record of the first meeting of the session, held between assessors and internal verifiers within a cognate area.

The form provides an agenda for the 'team' (those working together to deliver, assess and verify a group of units) to review what happened in the previous year and to plan activities and responsibilities for the coming year.

In the **review** section of the meeting, any issues which arose in the previous session should be considered.

In the **planning** section, it is necessary to know which units are to be offered and to confirm that all the necessary pre-delivery checks have been carried out.

#### 3.2.2 **Form IV 2** – Internal Verification Plan.

This form is used to provide an overview of the verification process. It records the sampling decisions made at the IV1 meeting and is also used to check that the sampling is carried out. Units can be sampled at UHI or at College level, whichever is most appropriate.

#### 3.2.3 **Form IV 3** – Assessment and Verification: Issues Arising, Comments and Suggestions

It is desirable for regular meetings to be held between assessors and verifiers. However, it is not always possible, particularly for networked delivery. This form is for recording any issues which arise during assessment or verification. The purpose is to share the issues which arise in order to take them into account for the next delivery when the team can work together on the solution.

The details can be emailed across the network (if appropriate).

#### 3.2.4 **Form IV 4** – Pre-Delivery Checklist and Sample Selection.

There should be a completed IV 4 for each unit. Correct use of this form will identify the units which have to be sampled.

The amount of sampling to be undertaken should be determined on a risk-assessment basis. The amount required will change over time and in changing situations.

### 3.2.5 **Form IV 5** – Record of Sampling.

The outcome of sampling is recorded on Form IV 5.

This also documents any corrective or remedial action to be taken on the cohort(s) sampled and who is responsible.

### 3.2.6 **Form IV 6** – Record of Actions following an EV visit.

This is used, where appropriate, to record actions to be taken as a result of an EV report. It can also be used to record good practice identified by and EV and to consider how to disseminate it.

### 3.2.7 **Form IV 7** – Master Folder Checklist.

This details what documents must be available in the Master Folder to ensure that all tutors assess in the same way to the same standard. The checklist will be completed by the IV as part of the pre-delivery verification checks, confirming that the Master Folder is complete.

### 3.2.8 **Form IV 8** – Permission to Teach Form.

This form is used to inform an IV that staff wish to deliver a unit which is assigned to a Curriculum Area that the IV is responsible for. This allows the IV to ensure that candidate evidence assessed by that staff member is also internally verified.

### 3.2.9 **Form IV 9** – Report on Exceptional Reassessment Form.

This form is used to record all instances where students have been granted an exceptional re-assessment or assessment extension. It informs the relevant Progression Board of reasons why marks may be missing/late.

### 3.2.10 **Form IV 10** – Report on Mitigating Circumstances Requests

This form is used to record all instances of mitigating circumstances. It informs the relevant Progression Board of reasons why marks may be missing/late.

## 4 **Responsibilities**

4.1 **Vice Principal Academic**, with overall responsibility for Quality has a responsibility to ensure implementation and currency of this procedure. This may be delegated to the Head of Quality.

4.2 **Head of Quality** has a responsibility to:

- Ensure a Quality approval check has been conducted on this procedure, and arrange for it to be posted on the web.
- Arrange for appropriate internal audit of Assessment and Verification practice.
- Conduct investigations of suspected maladministration or malpractice in assessment/internal verification and report to the Awarding Body.

- Approve exceptional use of non-permanent staff in the role of Internal Verifier.
- Provide access to the sites controlled by SQA and other awarding bodies for the downloaded of secure prior-verified assessment materials.

4.3 **Head of Academic Practice** has responsibility to:

Ensure staff development is available to enable staff to have appropriate skills to carry out assessment and verification in accordance with this procedure.

4.4 **Progression Board Chair** has responsibility to:

- Ensure due process is followed by members of the Progression Board in ratifying outcomes of assessment, and award and progression decisions.
- Ratify and/or approve Exceptional Re-assessments (IV9) offered prior to or presented to the Progression Board whilst acting as Chair of the relevant Progression Board.

4.5 **Sector Development Director (SDD)** has responsibility to:

- Ensure that qualified staff are appropriately deployed in order to carry out assessment and verification in accordance with this procedure. This includes ensuring staff have appropriate assessor and IV qualifications for regulated awards, and appropriate assessor and IV development for non-regulated awards.
- Determine whether a staff member who has declared a conflict of interest due to having a close personal relationship with a candidate should assess, verify or invigilate that candidate's assessed work, and where it is determined that there is a conflict of interest shall ensure an alternative arrangement is put in place. The SDD is responsible for forwarding the relevant conflict of interest form to the Quality Unit for retention for a period of one year.

4.6 **Sector Manager/Subject Leader** has a responsibility to:

- Attend training and ensure the team attend training sessions when required.
- Undertake the duties of the Internal Verification Co-ordinator or delegate this responsibility appropriately.
- Confirm student assessment results have been submitted and verify the accuracy of decision making regarding these results. Chair progression boards relevant to their sector area.
- In particular ensure a record is maintained for Exceptional Re-assessments (IV9) or assessment extensions granted under the Mitigating Circumstances Procedure (IV10), and that this is presented to the relevant Progression Board. Where a course is networked, each academic partner should complete a form per course and forward it to the Programme Leader (or equivalent) prior to the Progression Board.

#### 4.7 Internal Verification Coordinator

A member of staff within a Subject Area responsible for ensuring that the IV process is carried out in accordance with this Procedure. This role can be undertaken by the Sector Manager, Subject Leader or by another suitable person nominated by the Sector Development Director.

The IV Coordinator has a responsibility to perform the normal duties of an Internal Verifier, and has additional responsibilities to:

- Ensure that meetings take place on an appropriate basis to discuss delivery, assessment and verification issues.
- Oversee the completion of pre-delivery (IV 1) and sample selection checklist (IV 4).
- Ensure a planning meeting takes place at the beginning of each session (IV 2).
- Co-ordinate the assessment and verification of the active elements of provision and ensure records of sampling activity are maintained (IV 5) and that standardisation meetings have taken place.
- Follow up to ensure any actions identified as a result of internal verification activity are completed (IV 3).
- Identify any staff development requirements amongst Assessors and Verifiers. Where the role of IV Coordinator is delegated this must be discussed with the relevant Sector Manager.
- Act as the arbiter in any disagreements between Assessors and Internal Verifiers in regard to assessment decisions.
- Liaise with External Verifiers and instigate actions as a result of an EV visit, where necessary (IV 6).
- In the absence of the Sector Manager, approve permission to teach requests (IV 8).
- Ensure the security and confidentiality of Unit Assessment Support Packs (USAP), Assessment Exemplars and associated documentation.
- Assure that assessment instruments are up to date, accurate, valid, and reliable and that all Centre devised assessments have been prior verified before use.

#### 4.8 Internal Verifier

Normally an IV must be a member of staff having a permanent contract, competent in the cognate area being verified, and experienced and qualified in assessment (or working toward appropriate certification). However, it may be necessary in exceptional cases to appoint a member of staff on a temporary contract to act as Internal Verifier. This may only occur with the permission of the Head of Quality. All staff must be qualified in the relevant subject discipline and be an experienced assessor before they can take on the role of Internal Verification. Staff new to Internal Verification are required to undertake Internal Verifier training.

Staff verifying regulated units/awards are required to hold a nationally recognised Internal Verifier qualification to undertake this role. **Note:** some

awarding bodies require staff to hold the awarding bodies own qualification to undertake this role. Staff should check the requirements of the awarding body before undertaking this role.

**Internal Verifier** have a responsibility to:

- Ensure that assessors apply standards of assessment uniformly and consistently.
- Arrange Standardisation activities so all Assessors can view examples of candidate work that fall into 'grey areas' and agree on decisions. This can be by meetings (recorded on IV 3) or by other mechanisms, such as Decision Logs.
- Ensure that assessment instruments are verified prior to use.
- Plan and conduct appropriate sampling of candidate evidence.
- Sample assessment records.
- Ensure that records are maintained on internal verification activity.
- Confirm Assessment decisions made by assessors, countersigning where required in the case of unqualified or new assessors.
- Agree with decisions for exceptional re-assessment attempts and extensions to assessment due dates.
- Be aware of the Student Appeals procedures for FE and HE.
- Ensure the security and confidentiality of Unit Assessment Support Packs (USAP), Assessment Exemplars and associated documentation, either release from the Awarding Body secure site, or centre-devised.
- Ensure all relevant documentation has been submitted by the student and completed by the assessor for the assessment.
- Declare in writing to the Sector Development Director where they have a close personal relationship with a candidate before that said candidates work is verified.

#### 4.9 **Assessors**

A member of staff with the relevant knowledge and skills within a subject discipline to judge whether a student has met the required evidence criteria when undertaking an assessment instrument to pass the assessment.

Staff verifying regulated units/awards are required to hold a nationally recognised Assessor qualification to undertake this role. **Note:** some awarding bodies require staff to hold the awarding body's own qualification to undertake this role. Staff should check the requirements of the awarding body before undertaking this role.

Assessors have a responsibility to:

- Judge and record candidate evidence.
- Prepare a Master Folder for the units they will assess, or access an existing Master Folder created by another assessor.
- Familiarise themselves with the Units they are assessing and their specific requirements. This is an important element of **valid** assessment.

- Consider the role of the assessment in a programme of learning. It is good practice to draw up an assessment plan that aligns the Unit Outcomes with the learning process and the acquisition of knowledge and skills, and indicates how the unit will be assessed.
- Reflect on ways to involve candidates in the assessment process to encourage a sense of ownership of their own learning.
- Ensure that your assessments are **equitable** and **fair**.
- Exercise professional judgement in the choice of assessment methods and the development of assessments so they are **practicable**.
- Define acceptable evidence and how this will be marked or measured. This will ensure assessment decisions are **reliable** and **consistent**.
- Inform students of when and how they will be assessed. This can be through a course handbook, Blackboard or other suitable mechanism.
- Engage with Internal Verifiers in Standardisation Activity.
- For SQA Units, ensure any assessment instruments devised internally are prior verified by SQA before use.
- Ensure the security and confidentiality of Unit Assessment Support Packs (USAP), Assessment Exemplars and associated documentation. Appendix 1 has further guidance on this.
- Declare in writing to the Sector Development Director where they have a close personal relationship with a candidate before that said candidates work is assessed.

#### 4.10 External Verifier

An External Verifier is responsible for external verification and qualification approval activities under the conditions, timescales and arrangements set by the awarding body. The role is to participate in verification of qualifications in the subject area(s) concerned to ensure standards are maintained.

## 5 Assessment Procedure

### 5.1 Our Commitment to Assessment

Perth College is committed to ensuring that all students are given a fair and equal opportunity to achieve the awards for which they are entered.

The College is also committed, and obliged, to ensure that national standards are maintained in all awards.

### 5.2 How Commitments to Assessment are Met

To ensure assessments are conducted fairly, objectively and with equality of treatment for all students, assessments (wherever and however they takes place) must be administered and marked with due regard to the maintenance of national standards and the requirements of the awarding bodies. This includes making Alternative Assessment Arrangements where appropriate, and details of this are given in the Extended Learning Support Policy and Procedure.

To ensure the maintenance of appropriate national standards and the requirements of the awarding bodies, and to ensure that assessment decisions are accurate, valid, reliable and recorded, Internal Verification activity must be conducted.

Awarding Bodies ensure that we do this appropriately through External Verification and we must facilitate that activity.

External Verification is also a valuable opportunity to identify best practice in assessment and verification, and to seek clarification of assessment standards or planned changes to awards.

### 5.3 Purpose of Assessment

Assessment has many different purposes, such as:

- Identifying strengths and weaknesses – diagnostic.
- Planning learning and providing feedback – formative.
- Measuring an individual's attainment – summative.
- Making future choices.
- Awarding qualifications.
- Monitoring and maintaining standards.
- Evaluating performance levels.

### 5.4 Assessment Instruments

5.4.1 For SQA awards, National Assessment Bank and Unit Assessment Support materials should be used, where available, as a minimum for the first year of delivery of a unit. These materials are confidential and must be stored in a secure location. Access to the SQA Secure Site is at the discretion of the SQA Co-ordinator (Head of Quality) and is currently restricted to members of the Quality Unit. Requests for these materials should be addressed to [quality.perth@uhi.ac.uk](mailto:quality.perth@uhi.ac.uk) in the first instance.

Further guidance on access to the SQA Secure Site, and storage of materials issued from there, is given in Appendix 1.

5.4.2 Alternatively, Centres can devise their own assessments and these must be internally prior verified before use by the Internal Verifier (recorded on IV 4). In addition they can be externally prior verified through the Awarding Body, this is strongly recommended for SQA awards and this facility must be used when writing the first centre devised assessment for a unit.

5.4.3 For SQA, Prior Verification is best done within specified windows of opportunity to ensure a speedy response. This response time is estimated at 6-8 weeks but can be quicker, depending on the time of year. Assessments are accepted outwith the windows but no guarantee can be given on a response time from SQA.

Prior Verification through SQA can take between 6-8 weeks and may be referred back for further work to be undertaken prior to approval being given. Therefore assessments should be submitted in plenty of time before they are due to be used. Normally assessments will not be accepted to forward to SQA in the same semester they are due to be used.

For example, assessment instruments for use in Semester 1 should be submitted during Semester 2. Assessment Instruments for use in Semester 2 should be submitted during Semester 1.

- 5.4.4 There should be assessment briefs available for a first, second and exceptional third attempt held in the master folder.
- 5.4.5 IV Coordinators are responsible for assuring that assessments used are up to date and thus remain accurate, valid, and reliable.
- 5.4.6 All assessment instruments must have an **Assessment Submission Form** attached when issued to students and this must indicate:
  - a When the assessment should be submitted.
  - b When students can expect feedback ie within 15 working days of submission.
  - c The format for submission of an assessment ie hard copy, through VLE (Turnitin).

Students must complete the Date Submitted on this form when handing in the assessment and sign the declaration that confirms the authenticity of the work as being the candidates own work.

The Form is available at  
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## 5.5 Conditions of Assessment

- 5.5.1 Students must be given full instructions concerning the conditions of the assessment, as specified by the Awarding Body. Where required, Exams take place in controlled conditions, either in the classroom invigilated by the lecturer or in a more formal environment.
- 5.5.2 For Degree students (under and post-graduate), UHI is the Awarding Body and so assessment conditions to be applied are detailed in the UHI Academic Standards and Quality Regulations.
- 5.5.3 Any additional assessment support needs required by a student would be identified and agreed to by Student Support and documented in the students Personal Learning Support Plan, as documented within the Extended Learning Support Policy and Procedure. Assessors must ensure they are aware of all student additional support needs and these must be met.



**Note:** For external assessments there is a time limit to notify Awarding Bodies of any additional assessment arrangements. Staff should ensure that an appropriate PLSP has been arranged for a student and the awarding body notified by Student Records.

5.5.4 There is a specific requirement that assessments for City and Guilds may **not** be carried out in languages other than English, Welsh or Irish unless prior approval has been granted.

5.5.5 All invigilators must declare in writing to the Sector Development Director where they have a close personal relationship with a candidate before invigilating that said candidate's assessment.

## 5.6 Timing of Assessment

5.6.1 Prior to delivery, an assessor must decide how and when students will be assessed. Care should be taken to plan the timing of an assessment to ensure that it aligns the Unit Outcomes with the learning process and the acquisition of knowledge and skills.

Consideration must be given to the need to plan for diagnostic assessment (if appropriate) and formative assessment, as well as summative assessment.

The PAT or Course Leader should pull this information into a Course Assessment Schedule. This should show assessments for each unit within the course as a whole so that students can manage their workload appropriately.

There is an **Assessment Schedule Template** at  
S:\Quality Assurance\ASSESSMENT AND VERIFICATION

5.6.2 Once an assessment schedule is set, this information should be included in the Course Handbook, and/or communicated to students on Blackboard using the **Assessment Schedule Template**.

Students should normally be given at least 3 working week's notice of an assessment. If assessment dates are changed for operational reasons, care must be taken to ensure that this is clearly communicated to students.

5.6.3 Students are expected to submit assessments on the due date as shown in the assessment schedule (or otherwise notified by the lecturer).

Where an HE Degree student (under or post graduate) submits an assessment beyond the assessment due date, a Late Penalty will be applied. The size of the penalty is determined by how many days overdue the assessment is. Details can be found in the UHI Academic Standards and Quality Regulations 17b.

For awards other than UHI Degree programmes student assessment that is late submission, or not-submitted at all will be deemed a fail unless an application for mitigating circumstances has been received and approved by the Sector Manager/Subject Leader.

All mitigating circumstances applied for must be recorded by the PAT on an IV10 form and reported through the Progression Board.

Mitigating Circumstances Extension Request Form (IV 10) is available on the student portal. It should be used by all non-Degree award students.

Full details of the management of Mitigating Circumstances for non-degree students can be found in the Perth College Mitigating Circumstances Procedure.

For Degree and post-graduate (HE) students, the UHI Academic Standards and Quality regulations must be followed. The form for HE Mitigating Circumstances Requests can be found on Student Journey.

Where a candidate is absent or misses an assessment deadline without good cause, it is deemed that an assessment opportunity has been taken and they should be recorded as failing that assessment.

A student who chooses not to attend for the first assessment (ie does not have a good reason) can be offered a second attempt (re-assessment). In re-assessing a student, alternative assessments of a similar standard must be used, unless the nature of the assessment instrument makes this impossible.

Exceptional third assessment. Most awarding bodies allow one reassessment. Some do afford the opportunity to provide an exceptional third attempt. Assessors should make themselves aware of the relevant awarding body guidance over reassessment.

SQA guidance is that there should normally be one reassessment. In exceptional circumstances an additional re-assessment opportunity may be granted. Normally a student would only be offered an exceptional re-assessment opportunity in up to 2 core units, one per semester, or 2 that run consecutively over the whole academic year unless there are extenuating circumstances which support more than this.

This is normally offered to the student after discussion and endorsement by the Progression Board where the student profile is considered, as opposed to only looking at an individual unit. Where it is in the best interests of the student to be offered this opportunity before a Progression Board has met then the Assessor must discuss this with the relevant Internal Verifier who should endorse their agreement and record this on IV9 form, which should be held by the PAT. This form (IV9) should be submitted by the PAT to the Progression Board.

- 5.6.5 Where an exceptional re-assessment opportunity is offered prior to progression board meeting then it must be agreed between the Assessor and the IV prior to approval by the Sector Manager/Subject Leader. All exceptional assessments for a course must be recorded on the IV 10 form and presented at the Progression Board by the Sector Manager/Subject Leader.

## 5.7 Re-Assessment Guidelines

- 5.7.1 Where candidates have been unsuccessful in demonstrating their attainment of skills and knowledge or competence, they can be given remediation as a way of clarifying their understanding (without any reasonable assistance) and/or be re-assessed. There should normally only be **one re-assessment opportunity**, or in exceptional circumstances 2 re-assessment opportunities may be offered (see 5.6.3 above).
- 5.7.2 Remediation should be offered where there is a minor shortfall in the evidence submitted. Clarification, extension, correction or additional evidence may be required to meet the assessment criteria. There should normally be only **one** re-submission opportunity. If the student undertakes this work enough to successfully meet the evidence criteria they should be resulted as having passed at first attempt. If they fail to undertake the work successfully then they should then be resulted as failing the first attempt and be given reassessment and resulted as failing at first attempt.
- 5.7.3 Reassessment: where a student has taken and failed a first summative assessment they should be resulted as failing the first attempt and be allowed to be assessed for a second attempt against the same evidence criteria in order to pass the relevant unit outcome(s) being assessed. A different assessment instrument than that used for the first summative assessment should be used. Should a situation arise where a student has passed some of the evidence criteria towards an outcome but failed to meet other parts of the evidence criteria they may be reassessed for only those relevant evidence outcomes in order to successfully meet the outcome(s). A different assessment instrument than that used for the first summative assessment should be used.

## 5.8 Marking Assessments

- 5.8.1 For FE and HN, students' work should be marked and feedback given, normally within 15 working days of the assessment submission date. Students must be informed that all marks are provisional and subject to verification.
- 5.8.2 For HE marking, refer to the UHI Academic Standards and Quality Regulations, Paragraph 17b.
- 5.8.3 For students with additional support needs, normal marking criteria should be applied notwithstanding any adjustments in place as part of a PLSP.

## 5.9 Retention of Evidence

- 5.9.1 Assessment evidence should be retained in accordance with the requirements of the Awarding Body for the purpose of external verification or appeal. The College normally requires documentation to be retained for longer periods than most awarding bodies. Therefore staff should refer to QUAL041 Records Management Policy and Procedure, Appendix 3 Quality Section which provides details of retention periods for all documentation pertaining to assessment records.

Records of evidence may be in electronic paper, visual or audio formats.

The following provides an example of the type of record that must be retained:

- Who assessed what and when.
- The assessment decision.
- The assessment methods used for each unit/component ie assessment brief, assessment marking criteria.
- The location of the supporting evidence.
- Internally marked candidate examination papers.
- Evidence of the arrangements for the conduct of examinations.
- Who assessed what and when.
- The assessment decision.
- The assessment methods used for each unit/component.
- The location of the supporting evidence.
- Internally marked candidate examination papers.
- Evidence of the arrangements for the conduct of examinations.
- All quality assurance records and associated documentation (required for regulatory compliance purposes), including records of internal verification activity.
  - Records associated with an academic assessment appeal.
  - Records associated with academic malpractice.

Centres must also retain/have access to candidate portfolios at least until the external verifier visit has taken place following certification.

- 5.9.2 **However**, for the purposes of Internal Subject Review, UHI have agreed that **samples** of student work for all programmes should be retained for the **3 years** preceding the subject review. This sample would normally include examples of lowest (fails) and highest achievement and borderline cases, along with feedback from the marker/verifier.

Programme Leaders (or equivalent) should ensure that this requirement is met.

5.9.3 Conflict of Interest: where an assessor, verifier, or invigilator for an internal assessment has a conflict of interest then they must declare this and complete the conflict of interest form and submit this to the Sector Development Director who is required to retain copies of documentation for a year after completion of the assessments in question.

## 5.10 Academic Assessment Appeals

5.10.1 Information on the FE Academic Assessment Appeals Procedure is provided for all FE students at the beginning of their course of study. It is also available throughout the year in the booklet 'Your Voice' which is readily available in all public areas of the College and on the student portal 'Stuff you need to know'.

5.10.2 Students are encouraged to raise any concerns about assessment informally with their assessor (tutor) and if necessary the tutor may involve the Internal Verifier. If a resolution is not reached, then the formal procedure should be invoked.

5.10.3 The Quality Unit will record all academic assessment appeals and retain evidence for the required period of time, as required by the relevant Awarding Body.

5.10.4 The FE Academic Assessment Appeals Procedure details how students can take this further if they remain dissatisfied following a formal process which includes escalation to the Head of Quality, or their awarding body ie SQA and then to SQA Accreditation or OfQual.

5.10.5 The UHI Assessment Appeals Procedure is given in the UHI Academic Standards and Quality Regulations. This covers HE students ie degree students, **and** those enrolled on programmes leading to qualifications of SQA and other awarding bodies, as SCQF Level 7 and above, and postgraduate research students.

**Note:** Academic appeals for SVQ students at SCQF Level 7 and above come under the FE Academic Appeals Procedure, as these are handled at Academic Partner Level.

5.10.6 Neither the FE Academic Appeals Procedure nor the UHI Assessment Appeals Procedure is applicable to other university processes such as non-academic disciplinary or academic misconduct, nor procedures undertaken by or with relevant professional, statutory or regulatory bodies such as fitness to practice processes.

## 6 Internal Verification Procedure

### 6.1 Timing of Internal Verification Activity

Activity	When
<b>Pre-Delivery Activities</b>	
Submission of Course Frameworks with details of IVs to Student Records by Sector Manager/Subject Leader (AP 7).	March – June
<b>Activity</b>	
<b>Pre-Delivery Activities contd</b>	
Mandatory training for new IVs and annual refresh for existing IVs. Revision of Assessment and IV Procedure.	August
Standardisation activity to ensure awareness of assessment marking criteria by assessors/IVs.	August/September
Prepare course sampling plan (IV 2) to conclude prior to Progression and Exam Boards. Ensure that all <b>modes of delivery</b> , all <b>assessors</b> and all <b>cohorts</b> are included for sampling. Copy to quality.perth@uhi.ac.uk	August/September
Pre-delivery check. Completion of IV 4. Prepare Master Folder for each Unit IV 7.	Before each unit delivery in each semester.
<b>During-Delivery Activities</b>	
Standardisation activity on marked assessments.	Prior to final resulting.
Record outcome of sampling on IV 5. Record issues arising out of assessment and verification on IV 3.	In accordance with the IV 2 plan.
Internal Audit of IV Procedure.	At any time of the year – most likely October for IV 1, IV 2, IV 4 and IV 7 for S1/SC units. December/January for IV 3, IV 5, IV 6 for S1 units and IV 7 for S2 units. May for IV 3, IV 5, IV 6 for S2 and SC units.
<b>Post-Delivery Activities</b>	
Internal Verification Meeting – Agenda (IV 1). Record action plan (IV 1).	June (to reflect on problems from the current delivery, and plan for next academic session) or August/September (prior to or at very beginning of the next academic session)

**Note:** Some Awarding Bodies want additional activity to those listed above, and may specify the forms for recording activity. Follow the requirements of the Awarding Body for the unit you are delivering. The above is suitable for SQA and City and Guilds.

## 6.2 Establishment of Internal Verification Coordinators

6.2.1 Internal Verification Coordinators (IVCs) are allocated within the Subject Area by the Sector Manager/Subject Leader. They will be experienced Assessors and Verifiers. The IVC has responsibility for ensuring that the verification process takes place efficiently and consistently across Internal Verifiers (IVs) in their Subject Area or for qualifications delivered outside their Subject Area but IV'd within their area (IV 8). They do this by maintaining regular contact with their IVs.

## 6.3 Establishment of Assessors and Internal Verifiers

6.3.1 At the end of an Academic Year, the IVC will review the Assessors and Verifiers, and their qualification/experience, in their Subject Area and, with the Sector Manager/Subject Leader, agree who will IV and assess each unit to be delivered in the following academic session. For newly approved programmes this information will already be recorded (per unit) on the documentation prepared as part of the Course Approval Procedure ie Form AP 2.

6.3.2 Details of units to be offered next academic session, and the Assessors and IVs associated with them are submitted (March – June) to Student Records by the Sector Manager/Subject Leader on Course Frameworks (AP 7). A report of Assessor and IV per Unit is prepared by Student Records and forwarded to the Quality Unit.

6.3.3 Once timetabling commences (June – August), the details of Assessor/IV may change for operational reasons eg to avoid timetable clashes, to accommodate new staff etc. Changes are communicated to the Quality Unit so an accurate list of Assessors and IVs is maintained. Such changes may also trigger additional Programme and Unit approval paperwork (AP5 and AP 3) if changes involve delivering units that were not previously planned. Further changes may occur when Semester 2 timetabling is finalised in January.

6.3.4 The Quality Unit runs training sessions for all staff involved in the assessment and internal verification process at the beginning of the academic session (August – September). The IVC is responsible for ensuring that assessors and IVs attend training, and this is especially important for new staff undergoing Induction into their role.

6.3.5 For SQA the assessor and IV must have occupational experience, understanding and any necessary qualifications, as specified in the SQA requirements for the qualification. For regulated awards however the assessor and IV must achieve a relevant assessor/verifier qualification within 18 months of starting practice where no alternative timescale is stated in an assessment strategy.

- 6.3.6 For City and Guilds the assessor and IV must have and maintain appropriate levels of occupational competence (as specified on the relevant qualifications documentation) and for competence based qualifications IVs must hold Internal Quality Assurer Qualifications as specified by the regulatory authorities. Where an assessor is working towards assessor units, the IV must ensure that they have an action plan detailing when they plan to complete the units. Assessment decisions must be signed off by the IV until the assessor gains the unit.
- 6.3.7 Where the IV is also an Assessor, another IV is appointed so that IVs do not verify their own assessment decisions.
- 6.3.8 For City and Guilds, staff cannot undertake a qualification at a Centre while they are teaching or assessing at that Centre. In order to assure this, anyone registering a staff member on a City and Guilds award must inform the Head of Quality before they undertake and assessments. Failure to do so would be classed as Malpractice.
- 6.3.9 For City and Guilds, family members who work together may not assess or internally quality assure (IV) one another unless formally agreed with the Head of Quality beforehand. Such conflicts of interest could pose a risk of malpractice.

#### 6.4 **Pre-Delivery Verification**

- 6.4.1 **Course Attachment Forms** are completed for optional subjects/units from a structured course and for those undertaking subjects/units on a non-structured course. These are signed by the IV. This is one method by which IVs are informed of activity for which they are responsible. For cases where this is identified, a Permission to Teach form (**IV 8**) must be completed. Course and unit information is available from Student Records.
- 6.4.2 **The Verification Meeting** is the first meeting of the session. It should take place prior to the start of the session or within the first 6 weeks.
- 6.4.3 The meeting is convened by the IV Co-ordinator and is held between assessors and internal verifiers within a course or cognate area.
- 6.4.4 The purpose of the meeting is to review the IV activity in the previous session and to plan for the coming session.

EV reports, actions arising from these (as noted on IV 6), as well as actions noted from previous sampling (IV 3) and any non-compliance identified from internal quality audit of verification must be considered.

All units should be sampled **at least once over a 4 year period** and units will always be sampled when changes have occurred, problems have arisen in a previous delivery or new assessors or modes of delivery are involved.



**Note:** Core Skills units should be sampled every year, with different courses used within the sample each year.

The Verification Meeting is also an opportunity to complete standardisation activity to ensure assessors and IV's have the same understanding of the marking criteria.

- 6.4.5 Outputs of these meetings must be recorded on the relevant IV forms (IV 1, IV 2 and IV 4). **The pre-delivery checklist and sample selection** (IV 4, Section A) is completed by the IV to confirm the status of the assessment instruments to be used (ie that they are suitable and accessible). Section A of the IV 4 form should record precisely which instrument of assessment is being used (version and date) for assessment and reassessment (where appropriate).

Section B of the IV 4 is a Risk Assessment undertaken by the IV to identify which completed assessments must be sampled, and noted on the IV 2.

All of these forms must be forwarded to the Quality Unit by email to quality.perth@uhi.ac.uk to inform internal quality audit planning.

- 6.4.6 The precise organisation of Internal Verification Meetings and the various cognate groups involved cannot be dictated, they may vary significantly from one Subject Area to another. This will be left to the discretion of individual Sector Managers and Subject Leaders in discussion with their IV Coordinators.
- 6.4.7 Verification of Vocational Qualifications is conducted on an on-going basis in accordance with the requirements of the Awarding Body. This may include observation of assessment practice by the IV.

## 6.5 Master Folder Preparation

- 6.5.1 There is **only one Master Folder per unit** and this is retained in a central location for reference by all staff involved in the assessment or verification of the unit.
- 6.5.2 It is the responsibility of the assessor to prepare the Master Folder, or access one previously prepared by another assessor. Liaison with the IVC will identify if this already exists. Master Folders can be held electronically or in hard copy, but in either case must be held securely so those not entitled to view them do not have casual access.
- 6.5.3 The IV 7 has a checklist of what should be contained within the Master Folder. The desirable items are listed because having these is good practice. They make internal audit and external verification easier.

## 6.6 During-Delivery Verification

### 6.6.1 Verification of Candidate Evidence

Candidate evidence is sampled to ensure that:

- Assessment has been carried out in accordance with the unit specification;
- Everyone is assessing a particular unit to the same standards; and
- Assessors apply the standard consistently between candidates;
- Feedback is appropriate and provides sufficient guidance to the student as feedforward.

This is achieved by the IV taking a representative sample of candidate's work and checking to see if he/she agrees with the assessor's judgement.

The process is also a support mechanism for assessors because the IV will either confirm the assessor's judgement or offer advice and guidance if necessary. The purpose is not to find fault but to maintain standards and ensure all candidates are treated fairly.

Candidate evidence must be stored securely, but the IV (and an EV) must have full access to it.

The IV must assure that the appropriate paperwork is complete. For example, student portfolio.

### 6.6.3 Sampling Methods.

Sampling methods should be adequate to ensure standardisation but should also be practicable. Sampling should be conducted across:

- Groups
- Modes of delivery
- Assessors
- All assessment methods (including observation of practice).

### 6.6.4 The IV can adopt any suitable method for determining a representative sample size.

This may be dictated by the awarding body but where this is not the case a sampling plan should be agreed with the External Verifiers.

### 6.6.5 UHI, as the awarding body for Degree qualifications, specifies that the sample should be a minimum of 10% of the total, or 6 scripts, whichever is the greater.

In the first year of delivery of a qualification, the sample will be 25% or 12 scripts whichever is the greater.

Samples must include a sample of work considered by the assessor to be failed, mid-range for each grade and worthy of distinction for each assessment.

Details of sampling for Degree qualifications is given in the latest version of the UHI Academic Standards and Quality Regulations.

- 6.6.6 In the absence of an awarding-body specified sampling plan, the number of candidates to be sampled should be the square root of the number enrolled plus one. This is illustrated in the following grid:

No of Candidates Entered	No of Candidates Sampled
1-3	All
4-8	3
9-15	4
16-24	5
25-35	6
36-48	7
49-63	8
64-80	9
81-99	10
100-120	11
121-143	12
144-168	13
169-195	14
196+	15

- 6.6.7 Sampling should be conducted within the semester that the assessment has been completed, at a time which allows appropriate corrective action to be taken if necessary.

Sampling half way through delivery, even if evidence for only 1 or 2 outcomes is available, may be far more useful in identifying problems (which can then be corrected) and in giving feedback to assessors, than conducting verification after students have left the College.

- 6.6.8 Where sampling is conducted at the end of the delivery, results **MUST NOT** be sent to Student Records until IV sampling has been completed.

- 6.6.9 The IV can place an 'internal hold' on a unit and require that corrective action is taken if necessary. This may take the form of candidates having to:

- Re-submit their evidence; or
- Undertake a new or amended assessment.

Where an 'internal hold' is applied, this must be recorded on IV 5 and actions identified **for the sampled cohort** identified and completed.

Where follow-up action is identified **to prevent a recurrence** of the difficulty identified at sampling, this must be recorded on IV 3, to inform planning for IV activity in the following year.

- 6.6.10 Where IV activity identifies suspected maladministration or malpractice in assessment, the IV must report this to the IV Coordinator and Head of Quality who is required to investigate and report to the Awarding Body.
- 6.6.11 Once satisfied with the assessment decisions, and once any corrective actions have been completed, the IV will sign off the FE/HN results sheets for all new or unqualified assessors. It is good practice to also sign off on results sheets for all units that have been sampled. This sheet is also useful for Progression Boards where results may have not yet been entered into the SITS system.

## 6.7 Standardisation Activity

- 6.7.1 There are several stages and methods to standardisation activity. Standardisation activity ensures that all work at a Centre has been marked to the same standard. If 2 or more tutors are involved in marking assessments, the IV will be the arbiter on assessment decisions. In the case of disputes between assessor(s) and IV, the IVC will be the final arbiter.
- 6.7.2 All standardisation activity must be conducted before final marking takes place.
- 6.7.3 Prior to delivery relevant assessors and IV's for a unit should discuss the marking criteria used for the assessments so that differences between interpretations can be discussed and agreement made about the criteria for marking. It may be useful to use an exemplar assessment which staff mark and the results are discussed to ensure that they are all marking to the same standard, as outlined in the marking criteria. Any amendments to the marking criteria can be made at that time. This is best recorded on an IV 1 or IV 3 form, as appropriate.
- 6.7.4 Standardisation activity continues during marking, but prior to the final marking. The IV will decide with the assessor(s) how standardisation activity will be conducted and is responsible for documenting the discussions. This may involve selecting common pieces of work for marking by all assessors, and discussing any marks awarded. This is best done in a meeting (where the discussion can be recorded on an IV 1 or IV 3 form, as appropriate).
- 6.7.5 However, standardisation can be done in other ways eg by maintaining a Decision Log within the Master Folder for problematic assessments.
- 6.7.4 Where standardisation activity identifies the need for remedial action in specific cohorts, these should be recorded as in 5.3.5.8 'Internal Hold'.
- 6.7.5 Where internal audit identifies suspected maladministration or malpractice in assessment or internal verification, the Head of Quality is required to investigate and report to the Awarding Body.

## 6.8 Internal Audit of Verification

6.8.1 The Head of Quality is responsible for arranging the appropriate internal audit of Assessment and Verification practice to ensure that the requirements of the procedure are being implemented consistently and correctly.

6.8.2 This involves sampling practice across all Subject and Curriculum Areas on a regular basis, informed by risk.

Examples of high risk activity leading to the demand for audit include:

- Where an EV has identified a deficiency in assessment/ verification practice. An audit will be conducted in the subsequent delivery as assurance that the lessons identified have been learned.
- Where a new Award has been validated/approved.
- Where the centre is accredited by a new Awarding Body.

6.8.3 Internal audit activity may be conducted in stages in line with assessment and verification timings eg audit master folders at the pre-delivery stage; audit sampling practice during delivery etc.

Examples of evidence audited include

- Review of IV records, action plans, minutes of verification meetings etc.
- Changes to staff roles and responsibilities have been identified.
- Checking that any actions identified for quality enhancement or to avoid a recurrence of an identified problem have been completed (as recorded on IV 3).

6.8.4 Where internal audit activity identifies the need for remedial action in specific cohorts, these should be recorded as in 5.3.5.8 'Internal Hold'.

6.8.5 Where internal audit identifies suspected maladministration or malpractice in assessment or internal verification, the Head of Quality is required to investigate and report to the Awarding Body.

## 6.9 Post-Delivery Verification

The Assessor and Internal Verification team should meet to discuss the assessment and IV activity during the semester/year and record any forward actions to take forward to improve practice in the next delivery. Discussions should be recorded on an IV 3 and any actions recorded on the action plan (IV 1).

## 6.10 External Verification

6.10.1 As a centre which delivers qualifications we have a duty to ensure that our delivery is in line with the relevant awarding body standard. Part of the awarding body's quality assurance system is external verification. Verification for SQA is pertinent to a specific subject verification group. This verification group is not always contained within one group award but can span group awards i.e. a verification visit can moderate units from more than group award.

6.10.2 The external verifier contacts the awarding body co-ordinator (Head of Quality) to arrange a date and time for the visit.

### 6.10.3 Arranging an EV visit

6.10.3.1 The Quality Unit will contact the IV Coordinator to arrange a suitable date and time for the visit to take place. The date(s) given should be at a time when candidates and assessors/internal verifiers have time to discuss units/programmes with the external verifier.

6.10.3.2 The Quality Unit will forward a form which will ask for confirmation of the following information

- The qualifications you are currently delivering within the Verification Group identified.
- The names of candidates participating in the award(s)/unit(s).
- The names of the assessor(s) and internal verifier(s) involved with each award.
- The stage of award(s)/unit(s) completion for each candidate.

This must be returned to the Quality Unit who will forward it to the EV. The EV will then provide a **visit plan** to the centre which outlines the evidence they require, candidates they wish to interview etc.

6.10.3.2 The IV Co-ordinator is responsible for making appropriate arrangements for the EV visit such as room booking, catering, ensuring relevant staff are available to meet with the EV.

6.10.3.3 EVs must be given full access to candidate evidence, Master Folders, Verification records etc. This is especially important where this information is held electronically eg on Blackboard.

6.10.3.4 The EV will provide feedback on the day. The IV Coordinator must ensure that a representative from the Quality Unit is invited to attend this. The purpose of this meeting is to ensure that all parties understand the nature of any issues identified and the action needed to rectify it.

6.10.3.5 After the visit, the EV report is sent to the Centre Contact (the Head of Quality). The report is logged in the Quality Unit and copied to all relevant staff.

6.10.3.6 If there are required actions associated with a verification activity then these should be recorded on an IV6 and discussed with the Head of Quality to ensure appropriate actions to remedy these are noted on the IV6 and taken forward by the team within a timely manner in order to meet any deadline given by the awarding body. Relevant documentation, as outlined in the IV6, must be submitted to the Head of Quality by the IV Coordinator.

6.10.3.7 It is good practice to also note on an IV6 any recommendations and other comments that may enhance the teaching practice and student experience. These should be taken forward and outcomes and actions discussed at the pre-delivery planning meeting.

## 7 Linked Policies/Related Documents

- Perth College Course Approval Procedure
- Perth College Extended Learning Support Policy
- Perth College Extended Learning Support Procedure
- Perth College FE Academic Appeals Procedure
- Perth College Learning, Teaching and Assessment Strategy
- Perth College Malpractice Policy
- Perth College Mitigating Circumstances Procedure
- UHI Assessment Appeals Procedure

## 8 References

- E-Moderation: Guidelines for FE Staff and External Moderators (SQA, November 2004)
- Guide to Assessment (SQA, July 2015)
- Guidelines for On-line Assessment (SQA, March 2003)
- Internal:A Guide for Centres Offering SQA Qualifications (SQA, February 2011)
- Guidance for the Implementation of Graded Units in HNCs and Ds (SQA, April 2008)
- Quality Framework (SQA, 2015-18)
- Systems and Qualifications Approval Guide (SQA, August 2015)
- Systems Verification Guide for Centres (SQA, May 2015)
- Guide to Assessment (SQA, July 2015)
- Assessment Arrangements Explained (SQA, November 2011)
- Centre Manual (City and Guilds, Version 7.1, June 2016)
- Quality Assurance Requirements (City and Guilds, Version 5.1, June 2016)
- Guidance on Internal Quality Assurance of Qualifications (City and Guilds, Version 1.1, March 2016)
- UHI Academic Standards and Quality Regulations, 2016-17

## Appendix 1 – Access to the SQA Secure Website, SQA Connect and City and Guilds Walled Garden

The SQA Secure Website is the repository of SQA Unit Assessment Support Packs (USAP), Assessment Exemplars and associated documentation. SQA Connect contains similar resources for the new National Qualifications.

The City and Guilds Walled garden website is their equivalent. Some Assessments are held on the main City and Guilds website, but access is by password that can only be obtained from the Walled Garden.

### 1 Staff Access to Materials on Secure Sites

- 1.1 The Head of Quality (as the Centre Co-ordinator for both SQA and City and Guilds) is responsible for the security of access to the secure sites at Perth College UHI, and overall for the security of downloaded assessment materials at the College.
- 1.2 Access to these sites is restricted to key staff only.
- 1.3 Requests for materials from the SQA and/or City and Guilds secure sites should be made by the IV Coordinator via e-mail to the Quality Unit at PC Quality or quality.perth@uhi.ac.uk.
- 1.4 The request should include:
  - Awarding body unit code.
  - Unit title.
  - Award title course (of which the unit is part).
  - Verification group (for SQA units).
- 1.5 All requests will be checked and further information may be sought by members of the Quality Unit as an additional security check.
- 1.6 The Quality Unit is entitled to query the reason for the request, or withhold issuing material, where there is reasonable doubt that the requested material is not directly relevant to the subject area that the member of staff is known to be involved with, or where no approval exists for Perth College to deliver.
- 1.8 Requests from other members of staff will be referred to the appropriate IV Coordinator.
- 1.9 USAPs and Assessment Exemplars will be downloaded as pdf files and sent electronically.
- 1.10 Where additional information is noted to be available over and above that requested by the IVC then this will be communicated to the IVC to confirmation that they require it.



## 2 Safe Storage of Assessment Materials

- 2.1 Any member of staff who has requested and received a secure assessment or other material from the SQA or City and Guilds secure site is responsible for keeping and using that document securely.
- 2.2 USAPs, Assessment Exemplars, and other material **must not** be taken off College premises in any format nor kept on, for example:

S:/Common  
PerthNet – Document Repository  
S:/Studcom

The Quality Unit will advise about safe storage of materials.

## 3 Security Breaches

The precautions described above are designed to ensure, as far as possible, that breaches of security do not happen within Perth College.

If you **know** of or **suspect** a breach of security such as inappropriate storage or distribution of secure material, you should report this to the Head of Quality.

A breach of security will be reported to the relevant awarding body and may result in a national recall of that assessment.

## 4 Compliance Monitoring

The Quality Unit will monitor compliance with this guidance.