Systems Verification - Evidence Report

Systems verification is the process we use to ensure that SQA centres comply with the quality assurance criteria and have internal quality assurance systems appropriately documented, effectively implemented and evaluated, and show continuous improvement in their application. Guidance for centres relating to the systems verification visit can be found at www.sqa.org.uk/qualityassurance.

Rescheduled date		Reason	
Centre Name	**Argyll College**	Centre Number	**3001121**
Systems Verifier Name	**Pamela Hosey**	Systems Verifier Contact Details	**pamela.hosey@sqa.org.uk**
Double Banker Name (if applicable)	**J Burns**	Date/Time of Follow-up Visit	
Head of Centre Name	**Mr Fraser Durie**	Head of Centre Email Address	
SQA Co-ordinator Name	**Ms Jen McFadyen**	Centre Email Address	**Jen.McFadyen@uhi.ac.uk**

Summary of Visit		
	Outcome Statement	Non-Compliant Criteria
Management of a Centre	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Resources	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Candidate Support	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Internal Assessment and Verification	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
External Assessment	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Data Management	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	

Sanctions	

Previous Outcome Summary - Visit Report

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
2.1	2.2	2.3	2.5						
3.1	3.4	3.5	3.6						
4.1	4.5	4.7	4.8						
5.1	5.2	5.3							
6.1	6.2	6.3	6.4						

New Outcome Summary

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
2.1	2.2	2.3	2.5						
3.1	3.4	3.5	3.6						
4.1	4.5	4.7	4.8						
5.1	5.2	5.3							
6.1	6.2	6.3	6.4						

Management of a Centre

	Criteria	Impact	Compliance Level	Evidence Seen / Comments	Agreed Action
1.5	Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements.	High	**Green**	1 The current SQA definition of malpractice has been added to the Staff and Centre Malpractice and Maladministration Policy, the Student Malpractice Policy, the Assessment Guidance Pack, the Assessment and Verification Policy and the Tutor Handbook. 2 The information on reporting cases of suspected malpractice to SQA has also been revised in relevant college documentation to clarify that all cases of suspected centre malpractice must be reported, and that cases of suspected candidate malpractice must be reported if it relates to a regulated qualification. 3 The retention requirements for evidence and records relating to investigations into malpractice have been updated in the FE Academic Records Management and Retention Policy and Procedures to reflect current SQA requirements, and this document is now referred to via a link within other relevant college documentation, including the Staff/Centre and Student Malpractice Policies (see also criteria 4.7 and 6.4).	

Resources

	Criteria	Impact	Compliance Level	Evidence Seen / Comments	Agreed Action
2.1	Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.	High	**Green**	The college has submitted as evidence revisions to the Assessment and Verification Policy and revised Job Descriptions for Assessors, Internal Verifiers, Curriculum Leads and Heads of Curriculum. SQA requirements as stated in the Required Actions (relating to: compliance with the SQA requirements for assessors and internal verifiers for each qualification; the timescale for the attainment of assessor/verifier qualifications; and the recording of CPD) have been addressed by these revisions.	
2.3	There must be a documented system for initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.	Medium	**Green**	A further flowchart for non-devolvable approvals has been added to the documented approval processes, and Section 9 of the Data Management Procedures (relating to New Approvals) has been revised. The Quality Officer now has documented responsibility for checking and confirming to the relevant Head of Curriculum whether the devolvable or non-devolvable approval process is to be followed.

The Recommendations which were made in relation to this criterion have also been addressed ie the internal approval form has been revised to incorporate a means of formally recording the outcome and feedback of the approval process, and links have been provided in the approval flowcharts to the FE Academic Records Management and Retention Policy and Procedures. | x |
| 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. | Medium | **Green** | The college has submitted as evidence revisions to section 9 of the Assessment and Verification Policy and Procedures - this section now includes a link to a new document entitled 'Site Selection Checklist Procedures and Guidance'. The site selection checklist which has been devised is based on the SQA enhanced guidance, and the guidance includes advice on when use of the checklist must be implemented and the circumstances and/or timelines under which it must be reviewed. The Procedures and Guidance document has been scheduled for review by the QA Committee, the Health and Safety Committee and the Board of Management (for final approval). The implementation of the system and checklist by relevant departments will be reviewed at future systems verification visits. | |

Candidate Support

	Criteria	Impact	Compliance Level	Evidence Seen / Comments	Agreed Action
3.6	Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements.	Medium	**Green**	1 The summary diagram on page 8 of the Complaints Handling and Suggestions for Improvement Procedure, and the process flowchart on page 19, have been amended to include information about the potential escalation of complaints to SQA Awarding Body, and then to SQA Accreditation if the student is undertaking a regulated qualification. A new Section 3 has also been added to the procedure to provide SQA candidates with further information on their right to escalate their complaint beyond the college's own complaints procedure. 2 The college has clarified in the Complaints Handling and Suggestions for Improvement Procedure (p8) that the right of candidates to escalate their complaint to the SPSO extends only to issues other than assessment-related matters. This information is reiterated in the new Section 3.	Emailed Jen 17 Jan 2018

Internal Assessment and Verification

	Criteria	Impact	Compliance Level	Evidence Seen / Comments	Agreed Action
4.7	Candidate evidence must be retained in line with SQA requirements.	High	**Green**	The FE Academic Records Management and Retention Policy and Procedures has been revised to reflect current SQA retention requirements for candidate evidence. Previous references to evidence retention requirements within other documentation (eg Assessment and Verification Policy and Procedures, Malpractice Policies, FE Academic Appeals Policy, Data Management Procedures etc) have been replaced with a link to the FE Academic Records Management and Retention Policy and Procedures (as the source document for this information).	

Data Management

	Criteria	Impact	Compliance Level	Evidence Seen / Comments	Agreed Action
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.	Medium	**Green**	The FE Academic Records Management and Retention Policy and Procedures has been revised to reflect current SQA retention requirements for assessment records. Previous references to record retention requirements within other documentation (eg Assessment and Verification Policy and Procedures, Malpractice Policies, FE Academic Appeals Policy, Data Management Procedures etc) have been replaced with a link to the FE Academic Records Management and Retention Policy and Procedures (as the source document for this information).	