Regionally Focused – Globally Engaged

BORDERS COLLEGE

Internal and External Verification Procedure

January 2022

History of Changes

Version	Description of Change	Authored by	Date
1.1	Extend the policy and procedure to include external and systems verification. Amended the terminology for assessments using the SQA assessment guidelines that assessments must be valid, reliable, practicable, fair and equitable. Included in the related documents section the Revalidation Approval Form and Standards Verifier Report. Correction of minor typing errors. Clarifying the role of the programme leader in the operation of this policy To ensure compliance with the actions and recommendation from the SQA systems verification visit. To provide further guidance on in programme sampling from City & Guilds. To provide guidance on the use of marked exemplars from Pearson	D. Killean C. Elliott	22/5/15
1.2	Clarification of IV responsibility for checking assessment using digital media as the delivery method for the assessment instrument	D Killean	22/5/17
1.3	Updating roles and responsibilities. Separating Policy from Procedure. Reorganisation of content. Guidelines on security of assessments	C Elliott J Robertson	22/08/18

1.4	Further updates and clarification of roles. IV Security Process included as an appendix	J Robertson	20/11/18
1.4.1	Inclusion of information from BCS at request of EV	J Robertson	15/04/19
1.4.2	Standardisation Agenda revised to include Exam Boards for Graded Units	J Gracie	20/10/20
1.5	Revision of roles and hyperlinks	J Gracie	March 2021
1.6	Revision following recommendations from IV Audit	J Gracie	January 2022

Internal and External Verification Procedure

1. Purpose

Internal Verification is designed to ensure that staff within the centre are making consistent and accurate assessment decisions in accordance with the assessment criteria set by External Awarding Bodies.

2. Scope

This procedure is to be implemented at all Borders College campuses, work-based sites, and other locations where assessments may take place.

3. References

- Borders College Internal and External Verification Policy
- Borders College Quality Enhancement Handbook
- Borders College Assessment Policy
- Borders College Malpractice Policy
- Borders College Assessment Arrangements Policy & Procedures
- Borders College Approval Procedure
- Borders College IV Security Process

4. Definitions

SQA definitions of terminology used in this procedure are contained in **Appendix 1**.

5. Internal Verification Procedure

5.1 The College must be able to demonstrate that it has an effective procedure in place to ensure that all assessments are well-designed, consistent, and accurate and meet national standards. To achieve effective standardisation across all programmes of study it is essential that all members of staff are committed to the quality system at all stages, from course approval to Awarding Body certification.

5.2 Assessors must be occupationally competent in assessment and quality procedures before they are appointed as an Internal Verifier.

5.3 In cases where there is only one Assessor in any specialist subject, verification arrangements may need to be made with an External Agency. It is the responsibility of the Assistant Principal (AP) to ensure a formalised agreement or contract with an external party is implemented. Internal Verifiers and Assessors may be required to carry out verification and/or assessment within the College and/or out with the College environment.

5.4 Appendices contain the following information:

Appendix 1 – glossary of definitions
Appendix 2 – flowchart of the Pre-delivery Process
Appendix 3 – electronic storage of assessments and documentation
Appendix 4 – flowchart of the Sampling Process
Appendix 5 – criterion for Not Accepted decision or Sanction
Appendix 6 – Standardisation Activities
Appendix 7 – links to Internal Verification documents
Appendix 8 – roles of staff involved in the IV/EV process
Appendix 9 – IV security process

NOTE: Where CLMs are identified in these procedures, this also applies to the DEBI Manager.

Pre-Delivery (Appendix 2, Pre-delivery Flowchart)

5.5 Curriculum Learner Managers (CLMs) allocate appropriate occupationally competent Internal Verifiers (IVs) to internally verify units. This information should be recorded on the Course Structure ProSolution application. The IV Sampling Plan (**IV13**) should reflect the exact same information and be accurately maintained by the CLM on an ongoing basis. Where a unit is delivered in more than one portfolio area, the CLMs will agree how this will be managed. It is important that CLMs liaise with the Quality Assurance Co-Ordinator (QAC) to ensure that all assessments held in the shared portfolio area are still current for delivery. The IV Sampling Plan should reflect this.

5.6 The CLM holds a Standardisation/Cognate Group meeting at the start of each teaching block (August and January of each academic year) with their IVs and Assessors. This should focus on pre-delivery and population of the **IV13**.

An Assessment Schedule for each course must be created and updated to reflect timetables. Information on the assessor and IV should also be included on the assessment schedule. This should be stored in the shared portfolio area. (**Appendix 3** – IV folder for electronic materials.)

A cross-college IV Sampling Plan must also be completed for all Core Skills units.

5.7 The Assessor sends a Notification of Delivery form (NOD) (**IV1**) to IVs for subjects they are delivering. The Assessor is required to:

•   identify the current assessment they hold, or
•   request the assessment, or
•   provide a new/amended assessment to be internally verified.

5.8 IVs check against the **IV13** to ensure the most recent assessment is being used or will internally verify new/amended assessments. The IV updates the NOD

and issues completed NOD and internally verified assessments as requested to the Assessor. The IV updates the **IV13** and saves new/amended assessments in the shared portfolio area. Delivery commences.

5.9 Awarding Bodies may provide exemplar materials to support delivery. In these cases, Internal Verification should be carried out by the College to check accuracy and adequacy of such materials using the IV Feedback Form for New or Amended Assessments (**IV2**).

Any materials developed by College staff require Internal Verification and it is recommended that materials are submitted for Prior Verification to the Awarding Body. Staff seeking this approval must do so through the QAC.

Sampling (Appendix 4, Internal Verification Sampling Flowchart)

5.10 The level of sampling used in the Internal Verification process must be comprehensive enough to ensure assessment decisions are fair, equitable, reliable, and consistent. Each unit is primarily subject to a 3-year sampling cycle; however, the sampling must also be carried out in response to the following factors:

- the unit is being delivered for the first time
- the unit has undergone major revision
- the Assessor is new to assessing
- the Assessor is delivering a unit for the first time
- the unit is an HN graded unit
- an EV visit is scheduled for the unit
- the unit was previously subject to sanctions by the Awarding Body
- sanctions identified through Internal Verification in the previous year.

5.11 The IV must check Assessment Schedules prior to issuing a Sampling Request Form (**IV4**). Unless otherwise stated, the sample should be 10% of the group or 3 candidates, whatever is the highest.

On receipt of the **IV4**, it is the Assessor's responsibility to provide the following materials for verification within the agreed timescale and prior to the date given as a deadline for verification activities:

- Unit Specification
- instruments of assessments
- completed Assessor marked assessments to date
- Candidate feedback forms
- marking guidelines/exemplar answers.

5.12 Where the Assessor has not provided materials requested for Internal Verification within the agreed timescale, the IV will, in the first instance, make contact with the Assessor to ascertain the reason. The CLM must be kept informed.

In certain circumstances it may be required to agree a new submission date. If a new submission date is agreed the CLM must be informed and the **IV13** and Assessment Schedule updated.

If the materials are not received by the revised date, and no reasonable reason is provided by the Assessor, then the IV, in consultation with the CLM, must complete the Internal Verification – Sampling Feedback Form (**IV5**) and place a 'Not Accepted' (Hold) decision on the unit. A copy must be sent to all staff on the circulation list on the form.

The 'Not Accepted' decision will be monitored on a weekly basis by the CLM until such times as the materials have been successfully internally verified and the 'Not Accepted' decision lifted.

5.13 Following verification of materials, the IV will complete the IV - Sampling Feedback Form (**IV5**), including feedback on any areas of good practice and any areas for improvement. If the IV is satisfied that the required competencies have been met, an 'Accepted' decision is indicated. The IV saves the completed **IV5** on the shared portfolio area and sends a copy to the Assessor. The IV updates the **IV13** with the sample outcome.

5.14 Should the IV find inconsistencies in the assessment process a 'Not Accepted' decision should be indicated on the **IV5** including clear feedback provided on areas for improvement. A date should be agreed with the Assessor for re-submission.

Criteria for placing an internal 'Not Accepted' or an internal 'Sanction' on qualifications are detailed in **Appendix 5**.

5.15 If no agreement can be reached or difficulties are not resolved, this must be indicated on the **IV5** and referred to the CLM. A meeting is then arranged with the Assessor, IV and CLM to agree appropriate action.

5.16 When agreement is reached between the IV and Assessor and the appropriate action taken to resolve a 'Not Accepted' decision, the materials are subject to further verification and the **IV5** must indicate this with the words 'Not Accepted Lifted'. The IV saves a copy of this on the shared portfolio area and sends a copy to the Assessor and CLM. The IV updates **IV13** to indicate that sampling has taken place and the sample outcome.

5.17 The CLM is responsible for Internal Verification activity within their assigned area of responsibility.

NOTE: Assessors and IVs must ensure the secure transportation of assessment materials within the College and/or out with the College environment in accordance with General Data Protection Requirements.

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Standardisation Activities (as described in **Appendix 6**)

5.19 The CLM will Chair Standardisation/Cognate Group meetings and circulate actions. The meetings will take place in August and January of each academic session and will include all relevant Assessors and IVs.

Standard Agenda for Standardisation/Cognate Group meetings:

1 Minutes of previous meeting
2 Matters arising
3 Feedback from External Verification and/or Internal Audit and resultant actions, development points and recommendations
4 Update on changes to Group Awards and units on the Course Structure ProSolution application and impact on Assessor and IV allocation on IV13.
5 Confirm course Assessment Schedules with Assessor and IV allocations.
6 Feedback from IV on sampling and standardisation activities
7 Standardisation activity (if appropriate)
8 Exam Board (graded units) activity to be confirmed for academic session.
9 Achievement Board (Group Awards and individual unit) activity to be confirmed for academic session.
10 Assessment issues, including, instruments of assessment, assessment environment, sampling of assessments
11 Sufficiency of facilities, equipment and learning materials and assessment and internal verification document security
12 Security of Assessments and Internal Verifier documentation
13 Student Appeals
14 Any Issues relating to:
    • Sustainability
    • Health & Safety
    • Equalities and Diversity
    • GDPR
15 Any other business
16 Date of next meeting

6. Registers

It is the Assessor's responsibility to update their assessment registers. On campus activity relating to the completion of assessment registers by assessors requires a high level of accuracy and checks against the Course Structure ProSolution application is advised. Remote and online completion of assessment register also requires a high degree of accuracy and staff are advised to agree screen sharing with the Course Tutor or CLM. Any inaccurate entries may be considered under the Malpractice Policy and all near misses will be recorded by the MIS team and reported to the Head of MIS..

The MIS team update assessment registers on an ongoing basis and generate reports for SLT. Unit Deferral forms should be completed in agreement with the CLM and used only in exceptional circumstances for extending the completion of a register.

7.   Internal Audit (IV11)

The audit team will carry out sampling of assessment material throughout the year. The audits will cover specialist subject areas and assessment registers and will be conducted annually unless circumstances require additional audits.

The Internal Verification audit's scope is detailed in **IV11**.

8. Security of Assessments and Associated Documentation to Support the IV Process

Misuse or breach of the IV process will be considered under the College's Malpractice Policy.

9. External Verification and Systems Verification

Each Awarding Body has their own External Verification system. For further details of their requirements refer to the Quality section of the College Intranet or contact the QAC.

9.1 External Verification Visits

If EV activity is requested, this is managed by the CLM.

Prior to External Verification

a)   The EV will request a timeframe for a visit or an EV event which will be confirmed to the QAC.

b)   The date of the visit or event will be agreed by the CLM after discussion with affected staff and notified to the QAC.

c)   This date will be confirmed to the Awarding Body/External or Qualification Verifier by the QAC.

d)   An External Verification Visit Plan is received from the EV. The QAC will inform the CLM who will co-ordinate with their team.

e)   Prior to the visit or event, the Lead IV will arrange the gathering of materials relating to the units/awards in the Verification Group in line with the requested sample.

During External Verification Activity

f)   The CLM will lead the co-ordination of the visit or event, and ensure that Lead IV, IVs, Assessors and Candidates are available for any points of clarification. Access to electronically held data will be made available to the EV during a visit or event.

After External Verification Activity

g)   The QAC will forward a copy of any external feedback to the AP and CLM for distribution to relevant staff, retaining the original in the College's central file. Where an External 'Not Accepted' is placed on results and certification, the

QAC will inform the Assistant Principal Quality and Development and the Head of MIS.

h)   The AP has overall responsibility for organising any materials or information required to lift any 'Not Accepted' sanctions put on results/certification and will send these to the QAC who will forward these to the Awarding Body.

i)   In the Event of a 'Not Accepted' being lifted, the QAC will send a copy of the revised report to the VP, AP, CLM and will also notify Head of MIS. The CLM will address any issues arising at the next Standardisation/Cognate Group meeting.

9.2   Central Verification – Postal/Visit

Where the College has been selected for Central Verification the Awarding Body will require the Candidates' marked assessed work to be submitted to them for verification.

a)   The Awarding Body will notify the QAC of the date of pick-up of the material.

b)   The QAC will notify the CLM of the date and agree a date for submission.

c)   The Lead IV will collate the assessed material and records of Internal Verification and provide them to the QAC within the agreed Awarding Body timeframe.

After Central/Postal External Verification:

d)   The QAC will forward a copy of any external feedback to the appropriate AP and CLM for distribution to relevant staff, retaining the original in the College's central file. Where an External 'Not Accepted' is placed on results and certification, the QAC will also inform the VP, AP, CLM and Head of MIS.

e)   The AP has responsibility for organising any materials or information required to lift any 'Not Accepted' sanctions put on results/certification. This is to be sent to the QAC who will forward it to the Awarding Body.

f)   The QAC will forward a copy of all subsequent Awarding Body correspondence to the AP, CLM and Lead IV.

g)   In the event of a 'Not Accepted' being lifted, the QAC will send a copy of the revised report to the VP, AP, CLM and notify the Head of MIS. The CLM will address any issues arising at the next Standardisation/Cognate Group meeting.

9.3   Monitoring External Verification Action Points

The QAC will ensure that all External Verification reports are distributed to the AP and CLM.

Where a report contains Action Points these should be addressed by the CLM and the QAC kept informed of progress. All Actions Points should be achieved by the required date to ensure that this does not impact on the risk profile of the College.

The QAC will report monthly to the Senior Leadership Team on progress made with Action Points from all External Verification activity and will monitor progress until actions are addressed.

9.4   Systems Verification

In addition to External Verification, Awarding Bodies will check the College's compliance with their Quality Assurance Systems criteria.

This involves the examination of the policies, procedures and management of the qualifications delivered on behalf of the Awarding Body. Typically, Systems Verification will involve a visit to the College by an Auditor appointed by the Awarding Body.

Where the College is found to be non-compliant with criteria an Action Plan will be required to address the discrepancy. If this is not achieved within the timescale the risk level of the College will be heightened by the Awarding Body with the ultimate sanction being the removal of the College's ability to deliver their qualifications.

9.5   Qualifications Regulators

Qualifications delivered by Borders College are overseen by regulators. In Scotland it is the responsibility of **SQA Accreditation**, for English qualifications it is **Ofqual**. Both these organisations have a statutory responsibility for the quality and standards of qualifications. The College will comply and co-operate with audits undertaken in pursuit of their statutory duties.

10. Retention of Assessment and Verification Evidence and Record Keeping

The College will retain Internal Verification records for 3 years following the date of certification. For retention of Candidates' assessment evidence, refer to relevant Awarding Body guidelines.

11. Assessor Appeals

Grounds for Appeal are when the Assessor disagrees with the IV's decision.

Stages of Appeal

Stage 1

If an Assessor disagrees with the IV's decision on any aspect of Internal Verification, they should contact the IV to try to resolve the position. An informal discussion should take place between the IV and the Assessor. If there is no agreement, go to Stage 2.

Stage 2

If the Assessor remains dissatisfied with the IV's decision they should, within 5 working days of receiving **IV5**, submit a written appeal to the IV.

The IV concerned must reply to the Assessor in writing within 5 working days of receiving such an appeal.

A copy of the Assessor's appeal and the IV's reply must immediately be given to the CLM.

Stage 3

If the Assessor wishes to further pursue the appeal, they should contact the AP.

The AP will consider the appeal and reply in writing within 5 working days. This is the final stage of the appeals process.

Glossary of Definitions

1	Internal Verification	The process adopted to ensure that consistent and accurate standards are being applied uniformly and maintained in the assessment of work based SVQs and NVQs.
2	Accepted	The College's assessment approach and judgements are fully in line with national standards.
3	Accepted	The College's assessment approach and judgements are in line with national standards but there are suggested recommendations to improve.
4	Not Accepted	There are significant issues with the internal assessment approach and/or judgements. Required Actions are specified which must be completed. Certification can only take place once these are resolved.
5	Verification Cannot Proceed (VCP)	Insufficient or incorrect evidence have been provided. Required Actions are specified which must be completed before verification can proceed.
6	Sanction	A term used by an Awarding Body when an approved centre's management and quality assurance systems do not fully comply with the quality assurance criteria. There are different levels of sanctions that can be imposed, depending on issues identified.

External Verifier reports from SQA (for HN, VQ and NC qualifications) will include a 'traffic light' rating for every criterion:

Green: Sufficient evidence – this means that the centre has provided evidence that fully meets the criterion (i.e., there are no Required Action points).

Amber: Insufficient evidence – this means the centre can provide some evidence in support of the criterion, but it is not sufficient (i.e., there are Required Action points).
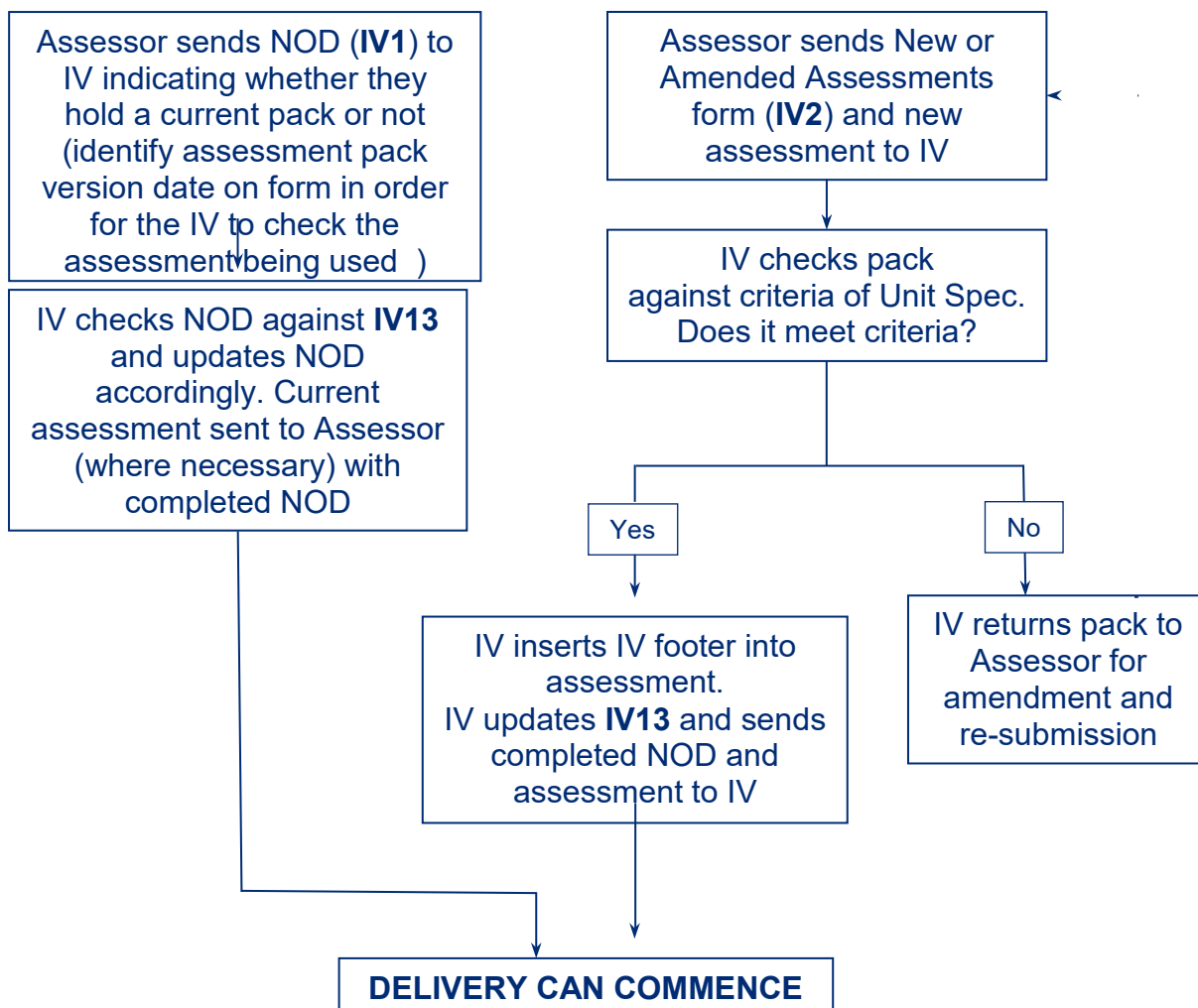
Red: Little or no evidence – this means that evidence provided by the centre falls well short of meeting the criterion (i.e., Required Action points will be set).

Pre-delivery Procedures (Flow Chart)

When a Current Assessment Pack is to be used

When Assessment Pack is new or amended

Assessor sends NOD (**IV1**) to IV indicating whether they hold a current pack or not (identify assessment pack version date on form in order for the IV to check the assessment being used)

Assessor sends New or Amended Assessments form (**IV2**) and new assessment to IV

IV checks NOD against **IV13** and updates NOD accordingly. Current assessment sent to Assessor (where necessary) with completed NOD

IV checks pack against criteria of Unit Spec. Does it meet criteria?

Yes

No

IV inserts IV footer into assessment. IV updates **IV13** and sends completed NOD and assessment to IV

IV returns pack to Assessor for amendment and re-submission

DELIVERY CAN COMMENCE

The assessment pack contains:

- Standards/Unit Specification
- Instruments of Assessment
- Re-assessments (where appropriate)
- Marking Scheme (if applicable)
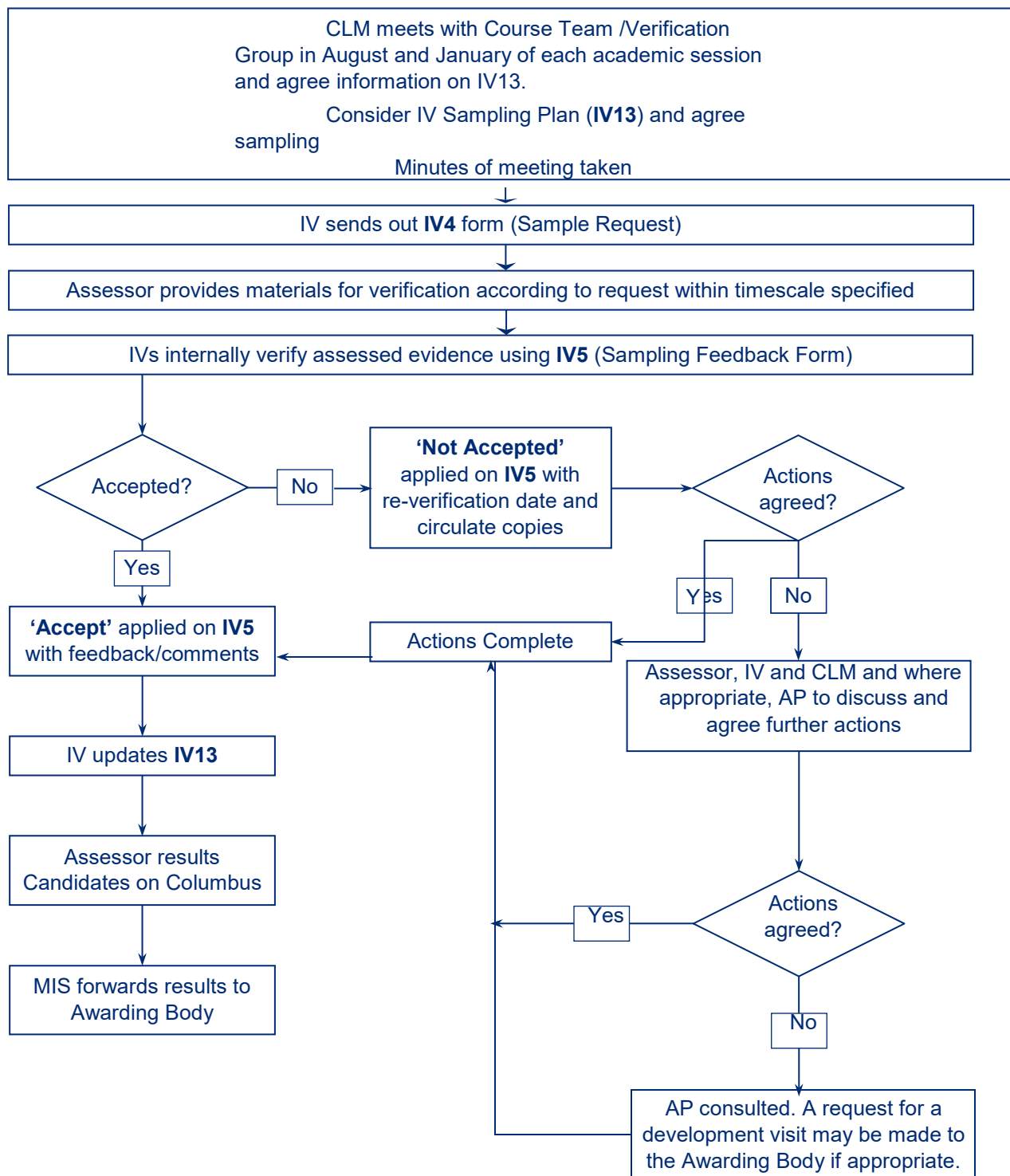
IV Folder (Electronic)

The central portfolio storage area, managed by the CLM, will include:

- Internally Verified master assessment packs
- **IV13**
- Assessment Schedules
- Copies of EV Reports
- Minutes of Standardisation/Cognate Group meetings from August and January of each academic session
- Detail of what platform used to assess the candidate e.g., VLE/Smart Assessor

The following documents should be stored centrally as per the requirements of the portfolio area:

- Copies of Notification of Delivery Forms (**IV1**)
- Internal Verification Feedback Forms for New or Amended Assessments (**IV2**)
- Internal Verification Checklist (**IV3**)
- Internal Verification Sampling Request Form (**IV4**)
- Internal Verification Sampling Feedback Form (**IV5**) (VQ DEBI **IV6**)
- VQ Final Verification on Completed Portfolio Form (VQ DEBI **IV7**)
- IV Record of Assessor Monitoring (VQ DEBI **IV8**)

Internal Verification Sampling Flowchart

CLM meets with Course Team /Verification Group in August and January of each academic session and agree information on IV13.

Consider IV Sampling Plan (**IV13**) and agree sampling

Minutes of meeting taken

IV sends out **IV4** form (Sample Request)

Assessor provides materials for verification according to request within timescale specified

IVs internally verify assessed evidence using **IV5** (Sampling Feedback Form)

Accepted?

No → **'Not Accepted'** applied on **IV5** with re-verification date and circulate copies

Actions agreed?

Yes

Yes / No

'Accept' applied on **IV5** with feedback/comments

Actions Complete

Assessor, IV and CLM and where appropriate, AP to discuss and agree further actions

IV updates **IV13**

Assessor results Candidates on Columbus

MIS forwards results to Awarding Body

Yes

Actions agreed?

No

AP consulted. A request for a development visit may be made to the Awarding Body if appropriate.

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Criteria for a 'Not Accepted' decision

Assessment instrument(s) not available
The assessment instrument(s) and the assessment specification for Unit(s) were not available for scrutiny by the external verifier.

Inappropriate assessment method(s)
The Method(s) of assessment selected did not assess the relevant outcome(s) validly.

Incorrect or inappropriate assessment specifications
Either the assessment specification was not followed, or the range had not been covered or the Evidence requirements defined in the Unit were not correctly specified.

No evidence or insufficient evidence of Candidate performance
Sufficient Evidence of assessment of all Candidates for the relevant units was not supplied.

Performance criteria not met
The Evidence of Candidate performance failed to reach the level of performance defined in the performance criteria.

Inappropriate judgement of Candidate performance
The Assessors have incorrectly assessed the Evidence supplied to them by Candidates and have judged Candidate competent when the standard specified in the criterial has not been met.

No record of Candidate achievement
The centre has failed to keep records about the Candidate's performance.

Internal Verification arrangements were not effective
The centre has failed to:
•   show that all assessment **methods**, designed for a particular Unit are comparable in terms of demands made on Candidates
•   show that results are consistent between Assessors
•   show that results are consistent across Candidates

Any of the above could be considered criteria that may result in issues being identified by the Awarding Body and could lead to 'Sanctions' being placed at varying levels.

Standardisation Activities

Reliability is a measure of the accuracy and consistency of Assessors' judgements. Standardisation is an important part of ensuring the reliability of assessment decisions for all Candidates.

Standardisation exercises identify any discrepancies between Assessors in their judgement of Candidates' evidence and allow adjustments to be made to remedy these. This is particularly useful when several Assessors are delivering the same unit. As well as reducing subjectivity among Assessors, it helps to improve the consistency of their judgements and allows IVs to identify and disseminate good practice.

There are different ways of carrying out standardisation, and the IV should make sure that the method used is the most appropriate for the nature of the evidence.

The following examples are standardisation exercises that could be used and co-ordinated by the IV and CLM:

Agreement trials: Assessors work together to consider examples of Candidates' work based on the assessment scheme. By discussing discrepancies and coming to a shared understanding based on the assessment criteria, the Assessors reach a common understanding. Involving the IV is very helpful in achieving consensus.

Dual assessment: Two Assessors assess the same Candidates. Teaming an experienced Assessor with a new Assessor is not uncommon, but there are benefits for any Assessor in checking their judgement, particularly for new qualifications and awards. It also encourages co-operative working.

Cross assessment: Assessors exchange Candidate evidence to check each other's interpretation of the standard. This does not mean that different Assessors must follow the same assessment procedure or even use the same assessment material.

Evidence reviews: In this process, the IV collates assessed Candidate evidence and asks a group of Assessors to discuss any discrepancies between their individual judgements. This allows professional development as well as ensuring a shared understanding.

Double marking: Generally used with written evidence, double marking is a form of cross-assessment in which Assessors exchange the same Candidate evidence to check each other's interpretation of the standard.

Blind marking: Again, mostly used with written evidence, blind marking, is intended to reduce any bias, however unintentional, by an Assessor. In one form of blind marking, evidence is marked by two Assessors, but each is unaware of the other's mark. Discrepancies between the marks can then be resolved. In another form, evidence can be made anonymous by removing the Candidate's details.

Standardisation exercises should take place throughout the assessment process to improve the consistency of assessors' judgements. Records of standardisation exercises, including any feedback to Assessors, should be kept as evidence of Internal Verification activity. These exercises can form part of the Standardisation/Cognate Group meeting Agenda.

Procedures should also ensure that standardisation is carried out for centres operating across multiple sites or with partnership arrangements.

Pearson provide exemplar material for **BTECs** as part of their annual online training for Lead IVs. They strongly encourage the Lead IVs to use this material with the Assessors to help achieve consistency of marking prior to any material being assessed.

City & Guilds insists on **Interim Sampling**, stating it is the responsibility of the IV to ensure accuracy and consistency of assessment by taking action before, during and at the conclusion of learning delivery, to make sure that all learning delivered, and assessment decisions taken are accurate and similar irrespective of who is involved.

City & Guilds requires all approved centre's to ensure that regular sampling activities are undertaken on all relevant qualifications

Useful Internal and External Documents

Available from the College Intranet:

• Notification of Delivery Form (**IV1**)

• IV Feedback Form for New or Amended Assessments (**IV2**)

• Internal Verification Checklist (**IV3**)

• Internal Verification Sampling Request Form (**IV4**)

• Internal Verification Sampling Feedback Form (**IV5**)

• Unit Deferral Request Form (**IV9**)

• SCQF Annual Report from Internal Verifiers (**IV10**)

• Internal Verification Audit Form (**IV11**)

• Notification of Delivery Form/Completed Example (**IV12**)

• IV Sampling Plan (**IV13**)

For VQ Delivery:

• VQ Internal Verification Feedback Form (**IV6**)

• VQ Final Verification Form (**IV7**)

• Record of Assessor Monitoring (**IV8**)

Examples of useful external documents

The SQA framework is used as a model for all Internal Verification requirements.

However, where an Awarding Body has specific requirements (for example City & Guilds and BTEC/Pearson) these **must** be followed using the guidance provided by that Awarding Body.

Role of the Assessor:

1   Prior to assessment taking place, complete a Notification of Delivery Form (**IV1**) and forward to the IV
2   Ensure that only the current assessment methods/instruments approved by the Awarding Body and Verification Group are used
3   Record Candidate competence in accordance with agreed procedure
4   Ensure all assessment evidence and records are up-to-date and provide for verification/audit purposes within the agreed timescale
5   Advise IV and CLM where issues arise that may cause delay in responding to verification requests
6   Undertake and complete, within 18 months of taking up their post, the relevant Professional Assessor Award
7   Undertake continuous professional development
8   Only assess units and awards up to the level below their own level of qualification
9   Ensure that their CPD records are kept up-to-date and are made available to external Awarding Bodies

Notes from Awarding Bodies:
BCS – Invigilators are observed at their first live test session and are thereafter observed annually by a BCS registered member of staff to ensure test regulations are being followed. An Invigilator Observation Report is signed on completion of the observation.

Role of the Internal Verifier (IV):

1. Internally Verify all assessments against Awarding Body standards to ensure the assessment meets the requirements of the Unit Specification
2. Authorise distribution of controlled assessment packs to the Assessors using the Notification of Delivery Form (**IV1**) and store documentation on the shared portfolio area
3. Internally Verify New or Amended Assessments (**IV2**)
4. Sample assessments in line with the Internal Verification Sampling Plan (**IV13**) agreed by the CLM and update **IV13**
5. Advise CLM where issues arise that may cause delay in responding to verification requests
6. Prepare materials for an EV visit in liaison with Lead IV and be available during an EV visit if required
7. Maintain an electronic IV folder as identified in **Appendix 4** of Internal and External Verification Procedures
8. Ensure the IV assessment decisions are consistent and accurate
9. Undertake continuous professional development
10. Only verify units and awards up to the level below their own level of qualification
11. Ensure that their CPD records are kept up-to-date and are made available to external Awarding Bodies
12. Assessments that have been developed by the IV must be internally verified by another IV

Role of Lead Internal Verifier (Lead IV):

1. Monitor internal verification activity within their assigned area of responsibility
2. Maintain the Internal Verification Sampling Plan (**IV13**) as per the requirements of the portfolio area.
3. Co-ordinate the assessment materials of all Assessors and IVs in preparation for an External Verification visit
4. Contribute to Standardisation/Cognate Group meetings, a minimum of two per academic year

Role of Curriculum and Learning Manager (CLM):

1   Provide guidance and support to staff working within the verification groups and monitor documentation to ensure effective and secure record keeping practice is maintained
2   Ensure that sufficient occupationally competent IVs are available to support the verification process
3   Chair Standardisation/Cognate Group meetings and hold a minimum of two per year with Action Minutes circulated to all affected staff.
4   Oversee the course structure information on ProSolution and the management of the Internal Verification Sampling Plan (**IV13**)
5   Monitor status of 'Not Accepted' decisions
6   Ensure that CPD for staff operating the Internal Verification system is carried out and records are kept up-to-date and made available to External Awarding Bodies when required
7   Co-ordinate requests from Awarding Bodies for Central Verification to ensure that materials requested are collated by the Internal Verification team
8   Complete pre-External Verification planning and paperwork requested by the QEC
9   Ensure any actions required following an EV visit or event are addressed within the specified timescale

Role of Quality Assurance Co-Ordinator (QAC):

1   Act as centre contact for Awarding Bodies and all External Verifiers where appropriate
2   Liaise with Awarding Body and CLMs to arrange appropriate dates for EV visits or events
3   Monitor verification reports
4   Seek and agree a plan of appropriate verification from external agencies if requested by CLM
5   Report to the relevant AP matters relating to quality assurance
6   Ensure the list of IVs and Lead IVs is updated on an annual basis
7   Maintain records of external 'Not Accepted' results and monitor progress for the return of materials to the Awarding Body to ensure that deadlines are met
8   Manage the Central Verification process along with the CLM to ensure materials requested by the Awarding Body are submitted as required
9   Oversee control of SQA secure website for assessments
10   Collate feedback from CLM with regards any discrepancies in assessment material and forward to Awarding Bodies
11   Disseminate information to relevant staff from Awarding Bodies
12   Forward feedback from External Verification visits or events to the AP and the CLM and provide updates on External Verification activity to the Senior Leadership Team
13   Record EV feedback and monitor the EV spreadsheet detailing recommendations and actions

Role of Assistant Principal (AP):

1   Overall responsibility for the IV process across each portfolio area in line with the College's Internal and External Verification Policy and Procedure
2   Ensure that all procedures are monitored and reviewed regularly to reflect the needs of students
3   Report to appropriate representatives of management on issues relating to quality assurance

Role of Assistant Principal Quality and Development:

1   Ensure that procedures fundamental to the College's Internal and External Quality Policy and Procedures are always implemented

IV SECURITY PROCESS

1. Introduction

The IV security process is necessary to ensure that a clear, transparent process is available for all staff to follow, that protects and demonstrates the integrity of our Internal Verification methods.

Whilst Internal Verifiers at the College have previously used an electronic stamp, this is no longer necessary. It will be sufficient to record Key Details on the assessment instrument, provided the additional security steps outlined in this process are taken to protect the document.

2. Assessment Instruments – NOT pre-verified:

Key Details in document footer: Assessment approved by Internal Verifier: [**IV name**] Date: [**Date document is IV'd**] Expiry: **2 years or until unit change** (whichever is soonest)	This works across the curriculum areas, prevents documents from sitting for too long without being checked, and allows for unit changes within the 2 years.

2.1 Assessment Instruments – designed for printing as a paper copy, for students to complete by hand:

Assessor:
- Creates assessment instrument in Word
- Send the assessment instrument to the IV for Internal Verification

Internal Verifier:
- Receives assessment instrument as a Word document
- Internally verifies the assessment instrument adding Key Details in the footer

2.2 Assessment Instruments – designed for online use for student to type into:

Assessor:
- Creates assessment instrument in Word
- Uses Developer mode to create tick boxes, text boxes, drop-down options, etc.
- Sends the assessment instrument to the IV for Internal Verification

Internal Verifier:
- Receives assessment instrument as a Word document
- Internally verifies the assessment instrument adding Key Details in the footer
- Adds Restrictions on Editing (editing for forms only) with password protection
- Saves protected Word copy in relevant secure area for use by the Assessor

Using Forms in Word

Enable the Developer tab to create tick boxes, text boxes, drop-down options etc:

1. Create document
2. Enable the developer tab
   a. On the File tab, choose the Options button
   b. In the Options dialog box, choose the Customize Ribbon button
   c. In the list of main tabs, select the Developer check box
   d. Choose the OK button to close the Options dialog box

NOTE: Once you have enabled the Developer tab in Word, you should not have to do it again

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Use the Developer tab to create tick boxes, text boxes, drop-down options etc:

1. In the Developer tab use the options in the 'Controls' area to add areas throughout the document where you would like to allow users to edit
   a. Aa – This icon allows you to add text areas in the document
   b. ☑ – This icon allows you to use checkboxes
   c. ▦ – This icon allows you to insert drop down menu items

You can choose which options are possible by clicking the drop-down entry and then clicking the 'Properties' button in the developer tab:

Click 'Add', enter your option in 'Display name', click 'OK'
Repeat for all your options
Tick 'Contents cannot be edited', click 'OK'

Use the Developer tab to add Restrictions on Editing, with password protection:

1. Open the document
2. In the Developer tab choose 'Restrict Editing'
3. Tick the box for 'Editing restrictions'
4. In the drop-down, choose 'Filling in forms'
5. Click 'Yes, Start Enforcing Protection'
6. Enter a password for the document (and repeat) then click 'OK'

NOTE: Keep your password in a safe place and do not share it

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3.   Assessment Instruments – PRE-VERIFIED:

In cases where the Awarding Body has pre-verified assessment instruments, it is important that these are accurate for the students. It is the Internal Verifier's responsibility to check all assessments including SQA or other Awarding Body material (ASPs, NABs, Exemplars, E-Assessments, etc.).

3.1   Where the IV is satisfied that the pre-verified assessment instrument is correct and the IV has recorded on the IV13 that the assessment has been checked:

- It needs an additional footer or stamp and may be saved in the relevant secure area for use, following the filename conventions indicated in No 5 below

3.2   Where the IV finds that the pre-verified assessment instrument is inaccurate:

- Inaccuracies and changes to be made to the assessment instrument must be discussed and recorded in the Minutes of Standardisation/Cognate Group meetings
- Advice must be provided to the Awarding Body (correction sheet) on the inaccuracies and the changes made
- The corrected assessment instrument must be internally verified as described above for non pre-verified assessment instruments, depending on the type of document, and placed in the relevant secure folder

3.3   Where inaccuracies become known after the Notification of Delivery form has been issued:

- The Assessor must request that the assessment instrument is internally verified again

4.   Storage of Internally Verified documents

Curriculum and Learning Managers will:

- Use a consistent approach with their teams
- Create new Internal Verification folders for internally verified documents each academic session:
    - organised by the needs of the teaching area
    - to enable current assessments and related documentation to be easily located
- Emphasise with teams that these are the only approved assessment instruments
- Determine their approach to prioritise assessment instruments to be internally verified over a finite period, to ensure all assessments are brought up to date

NOTE: use of unapproved assessments is a breach of the College's Malpractice Policy and falls short of professional standards.

5.   Filename Conventions

In order to identify those assessments have been internally verified, all assessment should be saved and include the following information:

BC 7-23
e.g. F8LE_35_AEX001_Aug_18 BC 7-23

This identifies that the assessment exemplar for the unit F8LE 35, fourth edition dated August 2018, has been internally verified at Borders College with an expiry date of July 2023

Status: Noted by JCC
Policy Dated: March 2021
Author: Assistant Principal Quality and Development
Review Date: March 2024
Equality Impact Assessed: Yes