Internal Verification Policy

Lead Officer (Post):	Principal and CEO
Responsible Office/Department:	Senior Management Group (SMG)
Responsible Committee:	Quality Improvement Committee (QIC)
Review Officer (Post):	Depute Principal
Date policy approved:	01/08/2021
Date policy last reviewed and updated:	19/10/2023
Date policy due for review:	01/08/2026

Accessible versions of this policy are available upon request.

Policy Summary

Overview	To ensure quality standards are met and maintained.
Purpose	It is UHI Shetland policy to ensure that all assessments undertaken on behalf of an awarding body meet the requirements of the relevant performance criteria.
Scope	All courses delivered within UHI Shetland.
Consultation	Quality Improvement Committee (QIC).
Implementation and Monitoring	Depute Principal and QIC.
Risk Implications	If delivery and quality standards are not met, awarding body approval may be withdrawn.

1. Policy Statement

1.1 It is UHI Shetland policy to ensure that all assessments undertaken on behalf of an awarding body (e.g. City and Guilds, OUVS, SQA, UHI, Highfield, jaupt, EAL, RYA) meet the requirements of the relevant performance criteria and range statements detailed in individual unit specifications, and that all assessment evidence is subject to a process of internal verification which rigorously follows the policy and procedures set out by the College, or the relevant awarding body in the case of some SVQ and City & Guilds programmes (which adhere to the relevant awarding body's own internal verification schemes). This is to ensure that all students entered for the same unit are assessed to the same standard.

1.2 UHI Shetland will continue to follow SQA and UHI internal verification procedures.

1.3 No-one with a personal interest in the outcome of an assessment is to be involved in the assessment or internal verification process. This includes Assessors, IVs, EVs and invigilators.

1.4 For provision at SCQF Level 7 (HNC) and above, UHI is treated as one Centre by SQA. Assessment within the Centre should be effectively quality assured to ensure that consistent and accurate standards are being applied and maintained.

2. Purpose

2.1 The purpose of internal verification is to ensure that the principles of assessment are met. The principles of assessment are that all assessments must be valid, reliable, practicable, equitable and fair.

2.2 This internal verification system should ensure that:

- Valid assessments are used for each qualification.
- All assessments are as accessible as possible whilst maintaining the national standards for the qualification.

- Assessments are capable of generating sufficient evidence to allow candidates to demonstrate that they have met the national standard for the qualification.
- All assessors are familiar with the national standards and can apply them.
- Assessors reach accurate and consistent assessment judgements for the same qualification for all candidates in line with the national standard of the qualification.
- Any problems are identified at an early stage.
- Good practice is captured and shared.

2.3 The internal verification system should also:

- Facilitate collaboration between assessors and internal verifiers, ensuring that standards are met across all sites.
- Allow quality concerns to be captured and addressed.
- Check that record keeping and resulting of candidates is accurate.
- Support preparation for successful external verification.
- Help to protect assessors from challenges to their professional assessment judgements.

2.4 The basis of this internal verification system is a set of forms which follow a logical format and define the activities to be undertaken.

2.5 The forms are designed to work at UHI level (cross network) and at academic partner level.

2.5.1 **IV1 (Form QF1)**

2.5.1.1 This is the record of the first meeting of the session, held between assessors and internal verifiers within a cognate area.

2.5.1.2 The form provides an agenda for the ‘team’ (those working together to deliver, assess and verify a group of SQA units) to review what happened

in the previous year and to plan activities and responsibilities for the coming year.

2.5.1.3 In the **review** section of the meeting, any issues which arose in the previous session should be considered. In future years, these will have been recorded on Forms IV2 and IV3 and issues arising from EV reports will be noted on Form IV6.

2.5.1.4 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. (Pre-delivery checks are recorded on Form IV4). The next step is to decide which units will be sampled. This decision is made following a risk assessment and the decision is recorded on Form IV4. It is necessary to collate this information for monitoring purposes - on Form IV2. Agreeing who will do what and ensuring that everyone is familiar with the procedures is the responsibility of the Head of Section.

2.5.2 **IV2 (Form QF2)**

2.5.2.1 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.

2.5.2.2 Units can be sampled at UHI or at College level, whichever is most appropriate - as indicated on the IV4 form.

2.5.3 **IV2(a) (Form QF2a for SVQ units/programmes only)**

This form should be used to record internal verification of individual SVQ units and/or overall SVQ programmes, where SVQ delivery does not involve the use e-portfolio Learning Assistant.

2.5.4 **IV3 (Form QF3)**

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 may or may not require action) which arise during assessment or verification. The details

can be emailed across the network (if appropriate), they can be the results of a face to face or VC meeting or may be added as an aide-memoire by an individual. 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.

2.5.5 **IV4 (Form QF4)**

2.5.5.1 There should be a completed IV4 for each unit. Staff responsible for the unit are recorded here. The form is a pre-delivery check (Section A) and a risk assessment for sampling purposes (Section B). If the answer to any questions in section B is 'yes' the unit should be sampled. Follow the guidance on sampling and complete form IV5 at the appropriate time.

2.5.5.2 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.

2.5.5.3 The guidance on sample size on the following page is just that - guidance. Practicalities, knowledge of the cognate area and levels of confidence must also be taken into account.

2.5.6 **IV5 (Form QF5)**

The outcome of sampling is recorded on Form IV5.

2.5.7 **IV6 (Form QF6)**

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 and to consider how to disseminate it.

2.6 **Guidance on Sampling for UHI Programmes**

2.6.1 **Why?** To provide assurance that equivalent standards are being maintained across UHI.

2.6.2 **What?** Candidate evidence should be sampled if:

- The unit is new.
- The assessment instructions have been revised.
- The marking schemes or sample answers have been revised.
- There are new assessors.
- There is a new mode of delivery.
- There were problems in the previous year.
- It is identified in the programme's assessment strategy.
- It is time for periodic review (i.e. once every 4 years if nothing else changes).

2.6.3 **Who?** Each academic partner will already have nominated internal verifiers.

2.6.3.1 For network sampling, an IV coordinator will need to be identified to centrally coordinate the process.

2.6.4 **When?** Sampling must be done at a time when corrective action - if necessary - is still possible. This means there is very little point doing it when the students have already left the programme. If a new assessor is involved, it makes sense to sample their marking as early as possible. This would normally be at local, academic partner level. This is a support mechanism for new assessors and a fundamental aid to quality assurance.

2.6.5 **How?** The actual sampling of candidate evidence can be done on a group basis with scheduled meetings twice a year. It could be done electronically/by post (send to an internal verifier in another partner). The different nature of each Subject Network and the different levels of networking at present make it counter-productive to be prescriptive on this matter. (See different models in Section 3).

2.6.5.1 The sample, however, should be random and not chosen by the assessing academic partner. The method of providing a 'good', 'average' and 'poor' sample is not recommended. Each academic partner should

provide a list of candidates and the IV coordinator should select at random from that list.

2.6.5.2 Across UHI, the fairly accepted 'square root + one' guidance on the **number to be sampled** may not be realistic. Instead, the following would be sufficient for risk assessment purposes, provided that the candidate sample is **randomly selected** (as described above) and not selected by the delivering academic partner **and** the sample is widened if problems are encountered.

Reason	**Suggested Sample**
It is a new unit	The work of a minimum of 2 candidates (max. 5) from each delivering academic partner
Assessment instruments have been revised	The work of a minimum of 2 candidates (max. 5) from each delivering academic partner
Revised marking schemes or sample answers	The work of a minimum of 2 candidates (max. 5) from each delivering academic partner
There are new assessors	The work of 3 candidates from each new assessor
There is a new mode of delivery	The work of 2 candidates from each new mode of delivery (in each academic partner, if applicable)
There were problems last year	The work of a minimum of 2 candidates (max. 5) from each academic partner where problems were identified
It is time for periodic review	The work of 3 candidates from each delivering academic partner

2.6.5.3 The actual numbers to be sampled should be agreed within the team. Higher numbers should be sampled until confidence about standards is established across the team.

2.6.6 **Graded Units**

2.6.6.1 Graded Units should be internally verified before being sent to Qualifications Scotland for external verification. The sample size should

be proportionate to the number of candidates in each partner and the entire sample should be verified before sending to Qualifications Scotland.

2.6.6.2 The forms and sampling guidance should be used but there will also be an administrative role involved in gathering all the evidence to be sent to Qualifications Scotland for external verification.

3. Scope

3.1 All Qualifications Scotland and UHI assessment delivered by UHI.

3.2 **AMERC** - Assessment is by examination only. Examinations are set externally and then marked internally by an AMERC approved member of staff. Where a candidate's mark is "borderline" a second approved internal examiner marks the script, and a joint decision is made on the final mark.

3.3 **EAL** - Information available from Centre Contact for EAL.

3.4 **SEAFISH** - Seafish marking should be double checked by someone other than the assessor. A record of this should be kept with the assessment.

3.5 **RYA** - Written Assessments - The RYA provides written assessments as part of the training pack for each student and provides a standard answer sheet for the course tutor to use for marking.

3.6 **Highfied First Aid Training** - Carryout standardisations meetings with internal verifier and first aid trainer at least once per year. Traffic light system provided in the Tutor, Assessor, and Internal Assurance Support pack for each qualification.

3.7 **Construction Plant Competence Scheme (CPCS) -** Carryout standardisation meetings with trainers and internal verifier. Ensuring training is carried out in line with NOCN regulations; the CPCS Scheme

Booklet for Centres, CPCS Scheme Booklet for Testers and CPCS Approved Code of Delivery should be used to support this.

3.8 **Review of Assessment Instructions**

3.8.1 To ensure compliance with performance criteria, range, unit descriptor etc. as applicable to standards and the required level.

3.8.2 To ensure that the manner and format of the assessment is applicable to the standards and the required level.

3.8.3 To confirm that where applicable, equipment and facilities are sufficient and appropriate to the learning outcome/unit/standards and particular candidate requirements.

3.9 **Review of Assessments Conducted by Assessor**

3.9.1 To ensure assessment evidence is current, suitable, sufficient, and authentic with regards to performance criteria, range etc. as applicable to the standards.

3.9.2 To allow comparison with other assessor's judgements, to ensure standardisation of assessment.

3.9.3 To allow comparison of assessor/candidate relationship and fairness of assessments.

3.9.4 To verify assessment planning activity with candidate and candidate understanding of the assessment process.

3.9.5 To confirm that the candidate has received adequate feedback which has been recorded (e.g. in the form of NA-IV7 Assessment Plan, memos, feedback sheets or verbally, whichever is appropriate to the unit/course/qualification).

4. Exceptions

4.1 **IAMI** - Assessment is by examination only. Examinations are marked externally by MCA approved examiners. Internal Verification procedures are therefore not applicable.

4.2 **MCA Approved Short Courses** - Internal Verification procedures are not applicable as UHI Shetland is subject to spot checks and regular audit by the MCA.

4.3 **MCA Oral Examinations** - MCA Oral Examinations are set and conducted by external MCA examiners; therefore, internal verification procedures are not applicable.

4.4 **MCA Certificates of Competency Examinations** - Certificates of Competency written examinations are administered by the SQA, set by external examiners and are assessed by external MCA approved examiners. Internal verification procedures are therefore not applicable.

5. Roles and Responsibilities

5.1. **Depute Principal**

5.1.1 To ensure that all assessors have access to the standards and are familiar with them.

5.1.2 To plan and monitor the quality assurance verification process.

5.1.3 To pass on queries, comments etc. from assessors to course co-ordinators, centre contact and external verifier where appropriate and relaying any responses or information back to them.

5.2 **Head of Academic Section**

5.2.1 To ensure that all assessors appointed have the necessary expertise/occupational competency in the subject areas allocated.

5.2.2 To ensure assessors of regulated awards possess appropriate assessor qualifications within 18 months of commencing practice.

5.2.3 To ensure that all assessments and candidates records are accurate and maintained timeously.

5.2.4 To ensure all assessors and candidates are aware of the documented Appeals Process and to take responsibility of the process if an appeal is made.

5.2.5 To monitor equal opportunities especially with regard to access to assessment and students with particular special assessment needs.

5.3 **Internal Verifier**

5.3.1 To ensure any identified actions resulting from a Conflict-of-Interest declaration by an Assessor for whom they are the responsible Internal Verifier have been carried out.

5.3.2 Ensuring that all assessment is valid, authentic, reliable, current, sufficient and practicable, and meets the requirements of the awarding body (including NABs)

5.3.3 To provide support, advice and guidance to assessors at all times.

5.3.4 To ensure all assessors assess to the same standard and that these standards are maintained consistently.

5.3.5 Assisting in the Appeals Procedure.

5.3.6 Must declare a conflict of interest to the Head of Academic Section if there is an identified personal interest in the outcome of the assessment/verification process e.g. candidate is related to, or a family friend of the Internal Verifier (there may be other circumstances which constitute personal interest). See Conflict of Interest in Assessments Policy and Procedure for further details.

5.3.7 Signing the complete record of achievement, **Form QF31**, confirming that individual units have been completed satisfactorily

5.3.8 Maintaining a record of all internal verification activity, **Forms QF1, QF2, QF3, QF4, QF5, QF6**.

5.4 **Lecturer/Assessor/Trainer**

5.4.1 Ensure assessment material is up to date and prior verified/approved before use for assessment.

5.4.2 To pass all completed assessments and documentation to the Head of Section, course co-ordinator or centre contact as appropriate, who will ensure that all candidate records and details are maintained in a secure and confidential manner.

6. Competence of Internal Verifier

6.1 The appropriate Head of Section shall ensure that the Internal Verifier is appropriately competent in the subject area and be familiar with the standards as applicable to the awards as follows:

6.1.1 For regulated awards the Internal Verifier must have technical familiarity in the subject area. Also, he or she must hold, or be working towards, an accredited Internal Verifier (IQA) award. If working towards an award, all their IQA activity must be countersigned by a qualified Internal Verifier until the IQA award has been achieved. The IQA candidate must achieve the award within 18 months of commencing practice.

6.1.2 For SFW/NC/HNC/HND awards the Internal Verifier must be competent within the subject area being verified and fully trained in awarding body assessment procedures.

6.1.3 Workplace core skills assessor must hold relevant Assessor and Verifier qualifications.

7. Version Control and Change History

Version	Date	Approved by	Amendment(s)	Author
0	01/08/21			Quality Consultant
1	19/10/23	QIC, Academic Board	Branding, role titles	Depute Principal