CENTRE ASSESSMENT STANDARDS SCRUTINY (CASS)

Guidance for EQAs

CONTENTS

1. SCOPE

1.1 The document clearly sets out the expectations and the role of an external quality assurer (EQA)working for Smart Awards. It describes the quality assurance systems and processes that must be applied to assessment, including actions to ensure that consistent assessment decisions are reached. This will assist centres in the management and delivery of Smart Awards qualifications.

2. THE ROLE OF THE EQA

2.1 The role of the EQA is varied however the primary objective is to ensure that all assessments undertaken within our centres are fair, valid, consistent and meet the requirements of the qualification standards. Where centre issues and questions arise, you will be on hand to provide guidance and support.

2.2 As an External Quality Assurer you will be required to:

- Approve new centres and sites.
- Externally quality assure centres according to regulators' requirements.
- Sample assessment and quality assurance decisions relating to learners' work.
- Approve additional qualifications for existing centres.
- Provide information, advice and support to centres.

2.3 Qualified EQAs new to Smart Awards and EQAs working towards their EQA qualification will have additional support and shadowing by a qualified EQA and other authorised Smart Awards staff until all parties are confident in the required approach, support will be available throughout.

2.4 All centre audits being conducted by EQAs who require shadowing will require a counter signature from an authorised EQA to confirm the validity of audit findings.

2.5 All EQA practices will be audited by approved Smart Awards staff and if applicable the qualifications regulator Ofqual and or SQA Accreditation to ensure a fair, consistent approach and that any actions implemented during a visit are fair, appropriate, and valid.

2.6 You are required to maintain a record of your continuous professional development (CPD) record and submit this twice a year (every six months) on the Quartz platform.

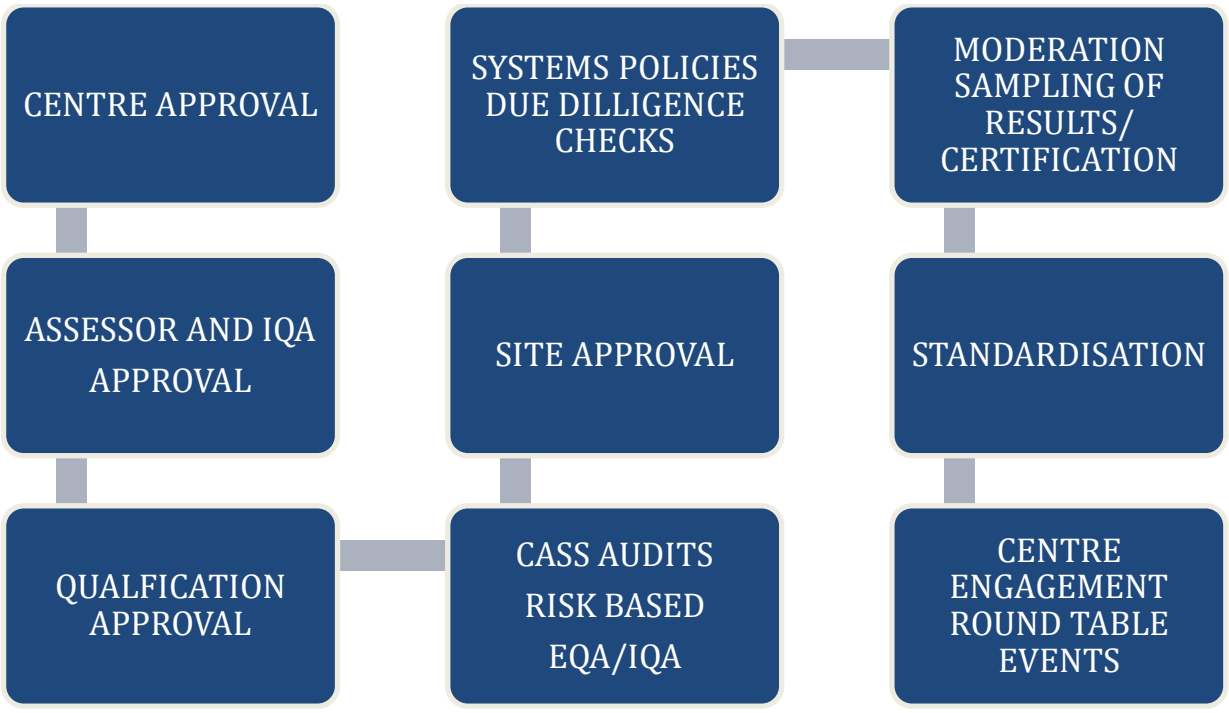
2.7 You are required to notify Smart Awards if there is a perceived or actual conflict of interest between you and the centre so we ensure that the conflict can be appropriately managed by all parties.

2.8 If a conflict is unable to be suitably managed, or at a reasonable request of a centre, Smart Awards will assign another EQA team member to conduct the audit.

2.9 You are required to adopt the highest degree of professionalism and maintain the strict confidentiality of personal information when carrying out EQA activities on behalf of Smart Awards

2.10 It is paramount that you undertake a standardised approach when advising Smart Awards centres and conducting audits. To help fulfil this, you must use this guide and attend standardisation meetings. The purpose of these is to look at industry standards, centre trends, benchmark standards, observe EQA and centre current practice, seek ideas on how improvements or changes can be made and identify best practices to help maintain an equal approach and excellent support to all centres.

3. CENTRE ASSESSMENT STANDARDS SCRUTINY (CASS) MODEL



4. CENTRE APPROVAL

4.1. The centre application process includes a number of checks to be carried out prior to the centre being approved to deliver and assess Smart Awards Qualifications. These checks cover the following key stages.

- Centre due diligence/terms and conditions
- Approval of centre policies
- Assessor and IQA approval
- Site approval
- Product approval

4.2. Centre due diligence/terms and conditions: You will be required to check that the centre has the appropriate agreements in place with all centre staff, ensuring they are aware of Smart Awards regulatory requirements when delivering, assessing, marking assessments, and conducting quality assurance activities. You will need to check the centre is complying with Smart Awards' terms and conditions.

4.3. Approval of centre policies: You will ensure that the centre has all mandatory policies and procedures in place to protect the interest of learners throughout their learner journey – refer to the policy section of this document.

4.4. Assessor and IQA approval: We require evidence that the centre has appropriately qualified assessors and Internal Quality Assurers (IQA) in place to verify the assessment decisions. Assessors and IQAs must meet the following criteria.

- Be occupationally competent in the occupational areas (where required).
- Have sufficient and relevant technical competence in the unit, at or above the level.
- The assessor is required to hold or working towards a suitable assessor qualification. (CAVA/TAQA Level 3 Certificate in Assessing Vocational Achievement or D32, D33, A1 or A2).

- The IQA is required to hold or working towards a suitable IQA qualification (Level 4 in Internal Quality Assurance).
- Those working toward a suitable assessor qualification must successfully complete the units within 18 months of the date they were approved by Smart Awards and provide evidence of qualification enrolment.
- Evidence a current Curriculum Vitae (CV) for approval of new products.
- Maintain continuous professional development (CPD).

4.5. Site approval: You will support the site approval process against Smart Awards site criteria, this may be in the form of pictures, live video or onsite. Please refer to Smart Awards site requirements.

4.6. Product approval: You will support the process of product approval ensuring the centre and its staff can meet all the requirements for product approval. You will conduct monitoring remotely for high-risk qualifications through Quartz for the first batch of learners to ensure there are no significant assessment gaps and to help the centre use as a model for future assessments. You will also support on-site or remote monitoring to satisfy the removal of suspended qualifications or elements from a previous audit.

4.7. Once a centre has met all the necessary approval requirements, they are subject to the Centre Assessment Standards Scrutiny (CASS) Audits. All centres are subject to 2 audits annually (onsite and distant), we may carry out additional unannounced visits for high-risk centres or where there have been reports of high risk activities.

4.8. Centres will be expected to carry out standardisation meetings. Standardisation must also be carried out between assessors and internal quality assurers, this may occur through routine sampling or trends of actions/feedback through cohorts of learners.

4.9. Centres are required to:

- Manage assessment and verification on a day-to-day basis.
- Have effective assessment practices and internal quality assurance procedures in place.
- Meet Smart Awards requirements for qualification delivery.
- Have sufficient competent Assessors and Internal Quality Assurer.
- Moderate with enough time and authority to carry out their roles effectively.
- Ensure they adhere to the Centre Assessment Standards Scrutiny (CASS)strategy.

5. CENTRE QUALITY ASSURANCE

5.1. To ensure that robust systems and processes are in place, there needs to be a named person with responsibility for the centres internal quality assurance. Their role is to ensure that:

- Relevant policies are in place – Smart Awards provides guidance on the minimum expectations for policies.
- Adequate systems and processes are in place around registration, training/assessment and certification.
- Policies, systems and processes are kept under review so that they remain fit for purpose.
- The centre is prepared for monitoring visits where applicable.
- Any actions arising from monitoring visits are addressed.
- Communications from Smart Awards are disseminated as necessary.
- Where regulated qualifications are offered, any specific requirements around the qualification(s) are met.

6. AUDIT CENTRE SCHEDULING

6.1. All approved Smart Awards centres are placed into geographical areas. This is to help coordinate on-site audits into groups, allowing the EQA to travel shorter distances in miles, contributing to efficient working and helping Smart Awards to minimise our total carbon footprint.

6.2. If applicable, approved centres with satellite locations will be considered for a monitoring audit.

6.3. Coordination of the centre audit schedule will be conducted by Smart Awards quality team and or the designated EQA.

6.4. For all audits excluding unannounced, Initial contact will be made with the centre lead contact(s) as specified on Quartz/SAMS via a pre-populated email outlining the date and plan of the audit.

6.5. Once a date has been scheduled a follow-up pre-populated confirmation email will be sent to the centre contact from the EQA with an attached EQA plan that is specific to the centre and confirming the date and time of the audit.

6.6. It is expected that intermediate emails may exchange from either party providing information or queries before the confirmation email.

6.7. It is also advised where possible that the allocated EQA engages with the centre contact verbally before the specified visit date. If applicable, approved centres with satellite locations should be considered for a monitoring audit.

7. CENTRE NO CORRESPONDENCE

7.1. Centres must acknowledge the initial Smart Awards EQA audit request email within seven working days of sending.

7.2. Where centres fail to acknowledge, a second pre-populated email will be sent by Smart Awards quality team or EQA to the centre contact.

7.3. This email will request a response within three working days and will outline the intended course of action if contact isn't established, this being registration and claims suspended in line with the Smart Awards sanctions policy.

8. EQA PLANNING

8.1. EQAs monitor the quality of assessments delivered by Smart Awards approved centres to ensure our qualifications are delivered in line with our regulatory requirements and provide our centres with technical support and guidance.

8.2. To enable this to be fulfilled suitably and sufficiently, EQAs must adequately plan all scheduled audit engagements.

8.3. Before the visit, the EQA must review the previous centre EQA report and consideration must be made to actions, sanctions or elements that could not be fulfilled as planned.

8.4. It should also be noted that if any new IQA, assessor, qualifications or satellite centre(s) have been approved for delivery the audit shall seek to review this.

8.5. Once established the EQA should complete the EQA plan template specific to the audit type to the centre's identified needs and ensure this has been received and understood by the appropriate centre lead contact before the audit date.

9. EQA RECORDING AND REPORTING

9.1. The audit is for gauging the centres' ability to conduct assessments in a safe and controlled environment meeting all the legal, Smart Awards, regulator obligations and general good practices.

9.2. To enable Smart Awards to act on findings and to satisfy the Centre Assessment Standards Scrutiny (CASS) strategy, recorded findings from the audit must be submitted to the Quartz platform within ten working days on the approved report template.

9.3. The EQA report comments and actions must be completed on the facts and findings of the visit and no preferences or personnel opinions used, with clear (if applicable) actions, expectations and time scales stipulated.

9.4. It is encouraged that centre staff assisting in the audit will have regular verbal feedback throughout the audit, and relevant verbal feedback shall be provided during audit completion.

9.5. Smart Awards recognise the key principle for learner sampling: VARCS

- Valid - Is the assessor and IQA feedback relevant to what is/has been assessed?
- Authentic - Has the evidence been produced purely by the learners with no contamination?
- Reliable - Are the assessment, assessor and IQA processes consistent over time to the required level?
- Current - Is the learner's work relevant at the time of the assessment, to the prescribed criterion?
- Sufficient - Do the learners work to cover all mandatory criteria and are the assessor/IQA records accurate and legible?

9.6. Smart Awards recognise the key principle for action achievement: SMART: Specific, Measurable, Achievable, Relevant, Timebound.

10. ACTIONS/SANCTIONS

10.1. For any improvements or noncompliance, it is the centre's responsibility to submit the required evidence clearly labelled onto the Quartz platform under the correct category in their centre file.

10.2. It is not the responsibility of the EQA or Smart Awards staff to remind centres that an action is required to be closed.

10.3. The EQA/approved Smart Awards staff will add comments to the EQA report to close off a sanction or action. Smart Awards reserve the right to implement a suspension on registration and claims if there is noncompliance of centres in fulfilling the action close-off.

10.4. Improvements points: An improvement point can be given to a centre to help support and improve a particular aspect, this being the assessment area, assessing method or general practice. Improvement points are recommendations on best practices and are not enforceable but must be listed on the EQA report template.

10.5. L1 Sanction: An action point is something specific which relates to the operation of the centre, for example, the delivery of an assessment or internal quality assurance of a specified qualification, an action point can only be given when something does not meet the relevant Smart Awards requirements regulations or standards.

10.6. Any actions required should be agreed upon that are achievable within a specified time frame which is listed in this guide. All action points must be clearly stated and expectations of when and by whom on the EQA report template.

10.7. L2/3 Sanctions: A sanction is something that has a significant impact on the assessment outcome, breach of health and safety, non-compliant staff, assessment, IQA practice, or noncompliance on previous issues etc. All sanction decisions affecting centres must be fair, valid, and reliable, if the sanction will affect the ability of the centre to register or claim certifications the *EQA must immediately notify Smart Awards to suspend activity*, this will prevent any claims immediately after the audit before the report has been finalised. In most cases, an improvement plan (if centre approval hasn't been evoked) will stipulate the findings and what course of action is required, this will be listed in the EQA report template under 'actions or sanctions.

11. CENTRE RIGHT TO APPEAL

11.1. In conclusion of the EQAs report, approved Smart Awards centres have the right to appeal to Smart Awards if they disagree with the actions or sanctions that have been applied.

11.2. On receiving the appeal request, approved Smart Award staff will review the EQA findings and a decision will be made to accept or reject the original report. In some cases, Smart Awards may arrange for another EQA to conduct a fresh centre sample to help establish any emerging trends and to help reflect on the original findings.

12. CENTRE VISIT TYPES

12.1. Approved centres are subject to a minimum of two audits annually in line with Smart Awards Centre Assessment Standards Scrutiny (CASS).

12.2. Onsite Monitoring: Conducted on-site to meet staff, observe assessment conditions, observe assessor and IQA practice and systems, sample a bank of pre-listed and a randomly selected amount (on the day) selection of learners across a full range of qualifications with a percentage not been quality assured, random staff compliance check, observation of any previous sanctions, actions or appeals etc and that all correct protocol has been adhered to. All elements listed on the monitoring report template must be fulfilled unless otherwise specified. Verbal feedback must be given post-audit to centre staff and advising that the report will follow within five working days.

12.3. Remote Monitoring: Conducted remotely to review learners sampling across the full range of all approved qualifications, samples must be taken from learners' work that has and hasn't been internal quality assured, a review of IQA documentation, observation of any previous sanctions, actions or appeals etc and that all correct protocol has been adhered to. All elements listed on the remote report template must be fulfilled unless otherwise specified. The remote visit must be conducted and concluded within the specified date, it must be conducted via a video call method i.e. Teams. As a minimum contact over the call should be made at the start of the audit to introduce and brief the centre of their expectations, and post audit to provide verbal feedback and advising that the report will follow within five working days.

12.4. Unannounced Monitoring: Conducted on-site. The purpose of an unannounced visit is to provided confidence that centres delivering SA products are to the anticipated safety and quality expectation. This visit will be triggered by confirmed reports of noncompliance, previous high-risk category rating, or random

selection. Specific elements will be targeted that will consist of some or all the elements listed in the previous three visits. SA will seek to audit all centres that have reasonable evidence of suspect misconduct and a random selection of centres with no concern. The EQA must confirm via Quartz that an assessment activity is scheduled for the anticipated visit date. No communication must be made prior to the visit with the centre staff.

12.5. Advisory Visit: Centres can request an advisory visit remotely or onsite to guide general centre collation or a specific subject(s). There is a cost for these visits which must be agreed with Smart Awards in advance. In all cases, formal Smart Awards criteria must be used. *Note: no EQA template is to be used, a record is to be stored in the centre file on Quartz.*

12.6. In most audits (unless stated) an EQA template report must be completed by the acting EQA. The specific visit type EQA template will prompt the specifics to be audited.

13. SAMPLING

13.1. Learners' portfolios should be sampled over a range of qualifications, assessors, and IQAs and must include none sampled internal quality assured (if applicable). The sampling percentage must be based on the risk approach specific to the centre risk matrix below.

Centre Risk Rating	Product Risk	Volume of Registrations	Sampling Number per Learner, across no more than 5 Products (10%) per audit	Learner numbers are capped if 10% exceeds
HIGH	HIGH	HIGH	10%	300
	LOW	LOW	10%	150
MEDIUM	HIGH	HIGH	10%	200
	LOW	LOW	10%	100
LOW	HIGH	HIGH	10%	100

14. CENTRE RISK RATING AND SANCTIONS

14.1. The below table stipulates the timescales to be implemented for non-compliance, the time scales are maximum and aimed to be closed before. *Actions* may be resolved on the visit day with EQA notes supporting for future audit reference. The EQA may identify other elements that fit within the specified risk, notes and timescales must be listed on the EQA report. If centres do not close the action listed Smart Awards will temporarily suspend the centres account,

No.	Non-compliance but no threat to the integrity of delivery of assessment decisions	Sanction Level	Sanction	Action timings	Risk
1	INTERNAL QUALITY ASSURANCE: Review of Previous EQA Report				
M1	Previously agreed corrective measures relating to level 1 non-compliance are not implemented	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H1	Previously agreed corrective measures relating to level 2 non-compliance are not implemented	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
H2	Previously agreed corrective measures relating to a level 3 non-compliance have not been implemented	Level 3	Withdrawal of centre approval Specific qualification	Timing to be agreed based on specifics	HIGH
2	GOVERNANCE: Conflicts of Interest & company insurance				

M2	Conflict of interest process in place but not being implemented fully	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M3	Insurance in place but not sufficient cover	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H3	Conflict of interest process not in place and not managed	Level 3	Suspension/ Certification	Timing to be agreed based on specifics	HIGH
H4	No current insurance in place	Level 3	Suspension/ Certification	Timing to be agreed based on specifics	HIGH
3	POLICIES AND PROCEDURES				
L1	Policy and process in place but gaps found in the documentation management	Level 1	Improvement Plan	2 months	LOW
M4	Policy and process in place but not relevant to the business or not implemented	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H5	No policy or process in place	Level 3	Suspension/ Registration, Certification	Timing to be agreed based on specifics	HIGH
4	SYSTEMS – Data Management				
L2	Centre profile is not kept updated on Smart Awards Awarding platform - Quartz	Level 1	Improvement Plan	2 months	LOW
M5	Centres retention of records is not in line with the Smart Awards policy (Time scales etc.)	Level 1	Improvement Plan	Next audit	MEDIUM
M6	Centre registration and certification processes are not in line with Smart Awards policy	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M7	Records are insufficient to allow audit of delivery	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H6	The centre fails to provide access to requested records, information, learners, and staff	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
H7	The centre does not securely dispose of sensitive information correctly	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
H8	The centre does not have a process in place to ensure smart awards assessments are securely accessed	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
H9	Records of assessment are not securely stored in line with their policy	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
H10	Records of delivery show serious anomalies	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
5	COMPLAINTS: Complaints and Appeals, Malpractice				
L3	Changes made by the Centre due to the malpractice, maladministration, significant appeals, or complaints have not been reviewed or communicated internally (Centre's organisation)	Level 1	Improvement Plan	2 months	LOW
M8	Malpractice, maladministration, or significant appeals or complaints has occurred, has been reported, action plan in place but not been implemented effectively	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H11	Malpractice, maladministration, significant appeals, or complaints occurred which hasn't been managed at all	Level 3	Withdrawal of centre approval / All qualifications	Remove centre recognition	HIGH

H12	Malpractice, maladministration, or significant appeals or complaints occurred which hasn't been reported to Smart Awards	Level 3	Withdrawal of centre approval / All qualifications	Remove centre recognition	HIGH
6	STAFF: Assessor and Internal Quality Assurance Staff				
L4	Assessor/IQA, CV/ CPD and development not recorded	Level 1	Improvement Plan	2 months	LOW
L5	Changes to personnel of the assessment and quality assurance team are not notified to the awarding organisation	Level 1	Improvement Plan	2 months	LOW
L6	No evidence of enrolment for an unqualified assessor/ IQA to achieve the set competence required	Level 2	Improvement Plan	2 months	LOW
M9	Delivery staff have insufficient time, resources or authority to perform their role	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M10	Decisions of unqualified assessors working towards their qualification have not been countersigned by a qualified assessor	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M11	Insufficient qualified internal verifiers	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M12	Decisions of unqualified IQA have not been countersigned by a qualified IQA	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H13	Assessor or IQA has no occupational competence	Level 3	Suspension/ Certification	Timing to be agreed based on specifics	HIGH
H14	No qualified internal verifier or assessor	Level 3	Suspension/ Certification	Timing to be agreed based on specifics	HIGH
7	INTERNAL QUALITY ASSURANCE: Standardisation				
L7	Evidence of standardisation meetings, however IQA decisions are not consistent, not standardised. Standardisation agenda, minutes and attendance not fully archived	Level 1	Improvement Plan	Next audit	LOW
M13	No evidence of standardisation meetings/workshops with all staff involved with the delivery and administration of the assessment process	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H15	Continuous non-compliance to standardisation requirements	Level 3	Suspension / Registration	Timing to be agreed based on specifics	HIGH
8	INTERNAL QUALITY ASSURANCE: Internal quality assurance procedure				
L8	There is inadequate monitoring or review of IQA procedures	Level 1	Improvement Plan	2 months	LOW
L9	No IQA contribution to the training and development of assessors	Level 1	Improvement Plan	Next audit	LOW
L10	Certificates are being issued/ claimed before the IQA sampling has taken place	Level 1	Improvement Plan	1 month	LOW
M14	Lack of evidence / Or reporting to support IQA formative / summative sampling	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M15	Internal Quality Assurance strategy not fully adhered to	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H16	Significant faults in the management and quality assurance of the programme which results in on-going failure to meet the core requirements for the conduct of assessment or delivery	Level 3	Withdrawal of centre approval / Specific qualification	Timing to be agreed based on specifics	HIGH
H17	No current IQA strategy. No Internal Quality Assurer (IQA)for a significant length of time	Level 3	Withdrawal of centre approval / Specific qualification	Timing to be agreed based on specifics	HIGH
H18	Significant faults in the management and quality assurance of all programmes	Level 3	Withdrawal of centre	Remove centre recognition	HIGH

9	ASSESSMENT: Post- assessment delivery				
L11	Anomalies in the assessment paperwork e.g., timings of assessment not recorded accurately, not signed by assessor or learner	Level 1	Improvement Plan	Next Audit	LOW
M16	There is inconsistency/ anomalies between the IQA and the assessors decisions or inconsistency between each assessment and the paperwork	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H19	Total disregard of Smart Awards product requirements when delivering the assessment	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
10	STAFF: Staff questioning				
L12	inconsistency between assessor and IQA statements relating to level 1 non-compliance have not been implemented	Level 1	Improvement Plan	Timing to be agreed based on specifics	LOW
M17	inconsistency between assessor and IQA statements relating to level 2 non-compliance have not been implemented	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H20	inconsistency between assessor and IQA statements relating to level 3 non-compliance have not been implemented	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
H21	From evidence provided by assessor or IQA we found a serious breach in Smart Awards terms of conditions	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
11	ASSESSMENT: Live Observations of assessment with IQA				
L13	Centre RAMS not suitable, insufficient or not communicated to learners	Level 1	Improvement Plan	2 months	LOW
L14	Assessment equipment and/or accommodation is unsuitable (but not health & safety critical)	Level 1	Improvement Plan	1 month	LOW
L15	No evidence learner confirmation to state understanding to the assessment plan	Level 1	Improvement Plan	Next audit	LOW
M18	Assessment decisions are not consistent	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M19	Assessor influencing/leading learners during the assessment	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M20	Assessment decisions are not consistent, not standardised	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M21	Practical area not fully compliant (minor)	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
M22	Incorrect assessment procedure	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H22	The induction and delivery process disadvantages learners	Level 3	Suspension/ Registration	Timing to be agreed based on specifics	HIGH
H23	There is no support for learners including learners with additional needs - reasonable adjustments policy and process has not been followed	Level 3	Suspension/ Registration	Timing to be agreed based on specifics	HIGH
H24	Assessment decisions unfair	Level 3	Suspension/ Registration	Timing to be agreed based on specifics	HIGH
H25	Assessed evidence is not authentic work of learners	Level 3	Suspension/ Certification	Timing to be agreed based on specifics	HIGH
H26	Safety Critical non-compliance issue	Level 3	Withdrawal of centre approval / Specific qualification	Timing to be agreed based on specifics	HIGH
H27	A serious breach of Health and Safety practice. example climbing defective poles/unsafe use of power equipment	Level 3	Withdrawal of centre approval /	Timing to be agreed based on specifics	HIGH

			Specific qualification		
12	LEARNER: Post Activity Learner Interview				
L16	Learners were not able to confirm their rights and responsibilities regarding the assessment process	Level 1	Improvement Plan	2 months	LOW
M21	Learner's disadvantaged, and insufficient time to conduct assessments	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H23	Assessor leading the learner to submit answers - manipulation of submissions	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
13	WELFARE: Centre general Visual Audit				
L17	Defects identified; actions are not being rectified within specified timescales	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	LOW
M24	Defects in place but not being addressed or managed	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H29	No suitable welfare available or welfare not in line with regulation requirements	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
14	ADVERTISEMENT: Copyright and promotional checks				
M25	Isolated incident - Incorrect SA product advertisement and social media course content, Smart Awards and regulators logos being used incorrectly	Level 2	Close scrutiny Apply Moderation	Timing to be agreed based on specifics	MEDIUM
H30	Reoccurring incident - Incorrect SA product advertisement and social media course content and/ or Smart Awards and regulators logos being used incorrectly	Level 3	Suspension/ Registration Certification	Timing to be agreed based on specifics	HIGH
Notify Ofqual or SQA Accreditation. All reasonable steps must be undertaken to protect the interests of learners. Where high-level risks affect the interest of learners you must inform Smart Awards immediately so the procedure for reporting an adverse effect can be communicated to the regulators.					

15. QUALIFICATION RISK

15.1. Current qualifications presented as considerable risk requiring a conditional approval sign-off.

Qualification/accreditation
Street works in LA (initial only)
Street works O1/S1 (initial only)
Street works O1-O8 (initial only)
Street works S2-S7 (initial only)
Confined spaces regulated
NVQs

Initial only= not reassessment

16. NEW CENTRES /QUALIFICATIONS

16.1. Existing approved Smart Awards centres adding accreditation/qualifications: Centres wanting to add to their qualification approval status may require an approval visit for the accreditation/qualification sought, this will be dependent on the qualification risk ratings (see qualification risk) and or individual centre risk characteristics. If it has been agreed that a centre visit is not a requirement (low-risk centres) a detailed subject approval document must be completed and submitted by the centre with all specified areas complete with supporting evidence. The subject approval document must be reviewed by an EQA or approved SA staff before approval and archived in the centre file on Quartz.

16.2. New centres with no other current awarding organisation approval: Centres that haven't been recognised and approved by other awarding organisations will be rated as high risk in all fields and all elements will be reviewed before SA centre approval, with additional specific accreditations/qualification approval status requirements before delivery. Initially, a centre health check will be conducted remotely supported by an approved physical visit, this observing general health & safety, welfare, and learner environment.

16.3. The EQA must complete the SA initial centre approval report template with completed supporting subject approval documentation and be fully satisfied before SA centre/subject approval, document is to be archived in the centre file on Quartz.

16.4. New centres with current awarding organisation approval: Centres that are recognised and approved by other awarding organisations will be rated independently using a range of existing resources including an existing AO EQA subject report. Specified accreditations/qualifications rated as high, will require an approval visit before approval is granted to deliver. The EQA must attend the site and complete the SA initial centre approval report template with completed supporting subject approval documentation and be fully satisfied before SA centre/subject approval.

16.5. If it has been agreed that a centre visit is not a requirement (low-risk centres) a detailed subject approval document must be completed and submitted by the centre with all specified areas complete with supporting evidence. The EQA must review and approve the subject approval document before approval and archive it in the centre file on Quartz.

16.6. High-risk qualifications requiring an approval agreement: All accreditations require prior approval, and several high-risk accreditation/qualifications will require individual centre approval which must be evidenced on the specific subject approval document. It is heavily advised that centres are visited before delivery to guarantee compliance. If it is not possible to visit a centre within a specified time frame, centres may be granted provisional approval based on a subject.

16.7. A detailed subject approval document must be completed and submitted by the centre with all specified areas complete with supporting evidence. The EQA must review and approve the subject approval document before approval and archive it in the centre file on Quartz. A follow-up visit should be scheduled as soon as possible.

16.8. Satellite centres: Existing approved centres wanting to deliver accreditations/qualifications at other training centre geographical locations within the group company are permitted on approval. It may not be necessary to visit each site before delivery, even for high-risk accreditations/qualifications.

16.9. A detailed subject approval document must be completed and submitted by the centre with all specified areas complete with supporting evidence. The EQA must review and approve the subject approval document before approval and archive it in the centre file on Quartz.

16.10. This is only valid if the main centre has been previously audited and deemed as a low-risk centre. The main centre will serve as a model for the satellite centre(s).

16.11. No approval: If centres have not met the approval for initial or additional qualifications it is paramount that the EQA/SA staff state on the appropriate documentation why. Details of the shortcomings and recommendations to gain approval must be set out clearly and formally presented to the centre via email. The comments must be completed on the facts and findings and no preferences or personal opinions used.

17. ADDITIONAL INFORMATION

17.1. Assessors: Are required to have the subject certificate that they are assessing, for example if assessing overhead safety, a SA001 certificate is preferable. A SA001A will be acceptable supported by a strong CV in the subject. Once the certificate expires, the maintained CPD for the subject will be proof of current protocol allowing the assessor to continue their practice in the subject (The expired cert should be archived for future proof).

17.2. IQA: It is preferred that IQAs are to hold the subject certificate as listed in the assessor's section (full or awareness), however, if subject evidence can be provided via a certificate which is, within reason equivalent to the subject this would normally be suffice for subject knowledge, supported with relevant CV and CPD. Once the certificate expires, the maintained CPD for the subject will be proof of current protocol allowing the assessor to continue their practice in the subject (The expired cert should be archived for future proof).

17.3. Please refer to the following policies and procedures that support the EQA process. These can be found in the assessor library on Quartz.

- Centre assessment standards scrutiny standards (CASS) Policy
- Sanctions Policy
- Centre Recognition Policy
- Centre Handbook/terms and conditions
- Certification Policy
- Complaints and Appeals Policy
- Validity Policy
- Recognition of Prior Learning Policy
- Resit Policy
- Reasonable Adjustment Policy
- Malpractice and Maladministration Policy
- Advertisement Policy
- Qualification specifications

18. EQA PROCESS

EQA On-Site Visit (Stage1/2) [437] (as of 21-Feb-2023 14:40:52)