

Systems Verification - Visit Report

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

Rescheduled date		Reason	
Centre Name	Argyll College	Centre Number	3001121
Systems Verifier Name	Pamela Hosey	Systems Verifier Contact Details	pamela.hosey@sqa.org.uk
Double Banker Name (if applicable)	J Burns	Date/Time of Visit	9 Nov 17 - 09:30
Head of Centre Name	Mr Fraser Durie	Head of Centre Email Address	
SQA Co-ordinator Name	Ms Jen McFadyen	Centre Email Address	Jen.McFadyen@uhi.ac.uk

Summary of Visit

	Outcome Statement	Non-Compliant Criteria
Management of a Centre	Some strengths and some weaknesses identified in the systems that support the maintenance of SQA standards within this centre. Moderate risks exist within this category	Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements.
Resources	Some strengths and some weaknesses identified in the systems that support the maintenance of SQA standards within this centre. Moderate risks exist within this category	Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification. There must be a documented system for initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials. All sites where candidates undertake assessments for SQA qualifications must be safe and appropriately resourced, and must provide access for candidates, staff and SQA personnel.
Candidate Support	Strengths outweigh weaknesses identified in the systems that support the maintenance of SQA standards within this centre	Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements.
Internal Assessment and Verification	Some strengths and some weaknesses identified in the systems that support the maintenance of SQA standards within this centre. Moderate risks exist within this category	Candidate evidence must be retained in line with SQA requirements.
External Assessment	Significant strengths identified in the systems that support the maintenance of SQA standards within this centre	
Data Management	Strengths outweigh weaknesses identified in the systems that support the maintenance of SQA standards within this centre	There must be an effective and documented system for the accurate recording, storage and retention of assessment records, internal verification records and candidate records of achievement in line with SQA requirements.

Sanctions	Entry in Action Plan
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Records of Discussions	
Discussions with Candidates	Yes
if YES, please provide a brief summary of the discussion:	QEM Debbie Gibb met with 2 groups of students: one group comprised 7 students from the NC Business Administration course in Campbeltown; the students in the other group were undertaking NC Early Education and Childcare and were from a range of locations across Argyll. Discussion took place around: student induction; malpractice procedures; support for learning/assessment arrangements; complaints procedures; internal assessment appeals; course resources; feedback on assessment; and student representation.
Discussions with Assessors	Yes
if YES, please provide a brief summary of the discussion:	QEM Debbie Gibb held a group meeting with the following members of staff: Jane Nichols – Head of Curriculum; Kerry McGeachy - NC Early Education & Childcare Tutor; Gill McNally – NC Early Education & Childcare Tutor; Fiona Hendrie – NC Admin Tutor; Dawn Miller - NC Admin Tutor; and Les Wright - NC Admin Tutor. Discussion took place on the following topics: staff induction; CPD; internal assessment and verification; ongoing reviews of resources; malpractice procedures; personal interest in the outcome of assessment; external verification; ensuring the suitability of assessment sites; student support and assessment arrangements; complaints procedures; internal assessment appeals; data management processes; and student induction.
Discussions with Internal Verifiers	Yes
if YES, please provide a brief summary of the discussion:	See 'Discussion with Assessors'.

Outcome Summary

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

Management of a Centre

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
1.1	Policies and procedures must be documented and reviewed to ensure full compliance with SQA quality criteria.	High	Green	<p>The Policy on Policies sets out the framework for the approval and implementation of college policies and procedures, copies of which are available on the college SharePoint site.</p> <p>A master tracking document for all categories of policies is maintained by the SQA Coordinator. The tracker includes the name, number and version number of the policy concerned, as well as the dates of issue, expiry, approval and previous and next review/revision, and the roles responsible for the policy, its implementation and review. This information is included in the document control table on the coversheet of each policy. The document control table also includes summary comments regarding the purpose and/or outcome of the most recent review.</p> <p>The copy of any policy document available on the SharePoint or college website is deemed to be the latest version of the policy, with the policy name and date being included in the document header or footer. It is a documented responsibility of the Quality Officer to ensure that the most current version of all quality-related documentation, policy and procedural information is in use. Version control has been enhanced and facilitated by the migration of all policy documentation to the SharePoint site.</p> <p>There was evidence that the above processes are being applied to policy documentation.</p>			

1.2	Policies and procedures must be endorsed by senior management and disseminated to all relevant staff.	Low	Green	<p>College policies and procedures are available on the college SharePoint website, or, for public facing and student-related policies, on the college website.</p> <p>The Policy on Policies states that The Board of Governors is responsible for the approval of all policies and the Executive Management Team is responsible for their dissemination and communication. Minutes of the Quality Assurance Committee and the Learning, Teaching and Engagement Committee confirmed that decisions were made regarding new and revised policies.</p> <p>Informal consultation takes place with staff prior to new or revised policies being introduced via their Heads of Curriculum, and there is staff representation on the Board of Governors.</p> <p>Once approved, an email is sent to all staff by the Quality Officer to advise them of the new or revised policy or procedure (examples seen), and the policy or procedure is made available via SharePoint or the college website as appropriate. Staff development sessions took place in June and September 2017 (face-to-face and virtually) in order to ensure that all staff were aware of the new policy section on SharePoint, and also of the new and revised policies and procedures for academic year 2017/18. Records of these development sessions were seen at the visit.</p> <p>While acknowledging that the college wishes to ensure that a range of relevant information and guidance documents is accessible to staff on the</p>			<p>It is recommended that some existing hyperlinks on the SharePoint pages are included within short informative paragraphs advising staff of the purpose/content of the document concerned, and that the duplication of information is kept to a minimum. This is particularly pertinent where more than one document is being made available on a particular topic (eg in the case of External Verification, a range of documentation has been uploaded, including FAQs, procedures and guidance). Where similar information is included in a range of documents (eg roles and responsibilities in job descriptions, in the Tutor Handbook and in Assessment and Verification procedures, or in the case of retention requirements) then the use of cross-references to a 'source' document may facilitate staff understanding, future updates etc).</p>
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				new SharePoint site, we discussed that it is equally important to ensure that all information is as well-signposted and 'streamlined' as possible (refer to Recommendation).			
1.3	SQA must be notified of any changes that may affect the centre's ability to meet the quality assurance criteria.	High	Green	<p>Responsibility for notifying SQA of any changes which may affect the college's ability to meet the SQA's quality criteria has been noted within the job description of the Quality Officer/SQA Coordinator, and details of all of the circumstances that must be notified to SQA have been documented.</p> <p>The college's contact details in SQA systems are up to date and there is also evidence that information about the college restructure has been notified to appropriate persons within SQA.</p>			

<p>1.4</p>	<p>The roles and responsibilities of those involved in the administration, management, assessment and quality assurance of SQA qualifications across all sites must be clearly documented and disseminated.</p>	<p>Medium</p>	<p>Green</p>	<p>An organisation chart is available on the website and in the Tutor Handbook which shows the management structure of the college; job descriptions are routinely in place for all posts and are available to staff on the website.</p> <p>The description of the Quality Officer/SQA Coordinator defines the duties and responsibilities of the postholder in relation to the administration of quality processes, examinations and data management of SQA qualifications; those of the Depute Principal and the Head of Student Services provide detail of their key management duties and responsibilities in this regard.</p> <p>The membership of each cross-college committee is documented on that committee's SharePoint page, together with links to the committee remit, agendas, minutes and other associated papers.</p> <p>The responsibilities of relevant postholders have been included in the Assessment and Verification Procedures – this includes the responsibilities of: the Depute Principal/Quality Manager (who has overall responsibility for the college curriculum, Quality, HR, student support and student records); Heads of Curriculum and Curriculum Leads; assessors; internal verifiers; and the Quality Officer/SQA Coordinator.</p> <p>The Quality Handbook (Appendix 4) also includes information on the following roles and responsibilities: Principal; Depute Principal/Quality Manager; Heads of Curriculum; Quality Officer/SQA Coordinator; Curriculum</p>			
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			<p>Leads; assessors; internal and external verifiers; the Head of Student Services; Registry Administrators; the Admissions Coordinator; Centre Management Staff and Personal Academic Tutors.</p> <p>Examples of partnership agreements were seen eg School-College Partnership Agreement between the college and Argyll and Bute Council; and a Letter of Agreement between the college and Dundee and Angus College (for HNC/D Horticulture). These agreements outline the respective responsibilities of each partner in relation to the assessment and quality assurance of the qualifications concerned, and other matters such as data management and student support. Documentation was also available relating to SDS contracts for Foundation and Modern Apprenticeships.</p>			
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<p>1.5</p>	<p>Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements.</p>	<p>High</p>	<p>Amber</p>	<p>The college has documented 2 policies relating to malpractice – the Staff and Centre Malpractice and Maladministration Policy, and the Student Malpractice Policy. The topic of malpractice is included in the student induction checklist, however is not referred to specifically in the staff induction checklist (refer to Recommendation for criterion 2.2). Summary information on malpractice has been provided in the Tutor Handbook and the Student Handbook, and these include references to the full policy documents if required by staff or students respectively. A Malpractice/Maladministration Incident Form has been devised (June 2017) to record and track any instances of suspected malpractice, although this has not as yet been used by the college. Records of a previous malpractice investigation were seen at the college. The Policies list examples of staff and student malpractice, however the definition of malpractice which has been used does not meet current SQA requirements (refer to Required Action 1). Appropriate potential sanctions have been documented, as have the actions to be taken should malpractice be suspected. The requirement to report malpractice internally and to SQA (by the Quality Officer) has been stated however the circumstances under which SQA should be notified require clarification (refer to Required Action 2). The rights of staff and students to appeal the outcome of a malpractice investigation have been correctly documented.</p>	<p>The Staff and Centre Malpractice and Maladministration Policy, the Student Malpractice Policy and any other related documentation (eg Tutor Handbook) must be updated as follows:</p> <ol style="list-style-type: none"> 1 the definition of malpractice must be replaced with the definition stipulated by SQA in the Guide to Systems Verification for Centres 2015-18 (Sept 2017), criterion 1.5; 2 the information on reporting cases of suspected malpractice to SQA must be revised to clarify that all cases of suspected centre malpractice must be reported, and that cases of suspected candidate malpractice must be reported if it relates to a regulated qualification; and 3 the retention requirements for evidence and records relating to investigations into malpractice must be updated to reflect current SQA requirements (although refer also to Required Actions for criteria 4.7 and 6.4). <p>The revised Policies and other related documentation must be submitted as evidence that these Required Actions have been addressed.</p>		
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				<p>The retention requirements for evidence and records relating to malpractice investigations have been stated however these have been recently updated by SQA (refer to the Guide to Systems Verification for Centres 2015-18 (Sept 2017), criterion 4.7) (refer to Required Action 3).</p> <p>In relation to the prevention of malpractice, information on malpractice has been included in the Assessment Guidance Pack specifically for tutors/invigilators and candidates. The Pack is available on SharePoint and is to be referred to prior to every examination/assessment. SVQ students at the college sign a declaration of authenticity which is included within their portfolio of evidence. In addition, the Quality Assurance Committee is currently considering the UHI SQA Assessment Cover Sheet with a view to adapting it to make it suitable for use with FE provision.</p> <p>Staff and students stated that they felt well-informed about malpractice and the potential sanctions which may be imposed. Staff confirmed that they were aware of their responsibilities relating to suspected malpractice, and that they had recently participated in a training session on the college policy and procedures.</p>			
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1.6	No-one with a personal interest in the outcome of an assessment is to be involved in the assessment process. This includes assessors, IVs and invigilators.	Low	Green	<p>A Conflict of Interest Policy and Procedures has been documented, together with a Declaration Form. Summary information on dealing with conflicts of interest has been included in the Tutor Handbook and in the Assessment and Verification Policy and Procedures, and cross-references have been made to the Policy document for further information if required. Information on conflict of interest has also been included in the Assessment Guidance Pack specifically for tutors/invigilators.</p> <p>The roles and responsibilities of the staff who implement and monitor this policy have been stated. Examples of completed declaration forms were seen at the visit – these had been completed thoroughly and appropriate actions had been identified in these instances (although refer to Recommendation). The required retention timescale for copies of documentation relating to declared conflicts of interest has been documented in the Policy.</p> <p>Completed forms are treated as confidential and are stored within a secure limited access area of SharePoint, with access restricted to the Depute Principal, the Quality Officer and Heads of Curriculum.</p> <p>The staff who were interviewed demonstrated an awareness of what may constitute a conflict of interest and how declarations are handled by the college.</p>			In order to help to ensure that internal verification actions identified as a result of a declaration of interest are applied, it is recommended that the college's procedure for this is included within the Internal Verification Administration Flowchart and Process Notes and/or other appropriate documentation.
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1.7	There must be an effective process for communicating with staff, candidates and SQA.	Medium	Green	<p>Information for staff is available on the SharePoint website – this has been created over the past year and now contains links to SQA-related information, college policies and procedures, minutes of meetings, etc. Plans are in place to elicit feedback from staff about the new site and new quality processes. Email is used by the Quality Officer to notify staff (and students) of any important changes to previously-published information, such as exam venues. There was evidence of cross-college meetings, team meetings and CPD events being used to disseminate information. In addition, a comprehensive Tutor Handbook has been developed (refer to Good Practice).</p> <p>Course teams are the focal point of information for students, providing an induction to their course and further information over the duration of their programme. A system of class representation is in place, and surveys are also used to obtain feedback at key points of each programme. There is student representation on some cross-college and Board committees. A college Student Handbook has been developed and is issued at induction, together a course-specific handbook. A range of information is also available on the website (eg relating to student services, student support, policies, SQA exam information etc) and course information such as assessment schedules is provided on the VLE (Blackboard). For candidates undertaking an SVQ, their assessor is their main point of contact, and examples of visit and placement schedules were</p>		A very comprehensive and well-structured Tutor Handbook has been developed and is made available to staff on the SharePoint site. Staff are directed to the Handbook at their induction. It contains a wide range of information and guidance on college systems and procedures (for teaching, assessment and administrative processes) and is a useful and central point of reference for both new and more experienced members of staff.	
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				<p>seen at the visit.</p> <p>The Quality Officer is the SQA Coordinator and has documented responsibility to act as the first point of contact between the college and SQA. This includes the dissemination of information from SQA to relevant staff (eg qualification updates, external verification activity/outcomes, exam information etc), administering the quality coordination of new course/qualification approvals, reporting suspected malpractice to SQA, notifying SQA of changes of circumstance in the college which may impact on its ability to meet SQA QA criteria etc. Examples of communication between the Quality Officer and SQA, and between the Quality Officer and college staff, were seen at the visit.</p>			
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1.8	Feedback from candidates and staff must be sought and used to inform centre improvement plans.	Low	Green	<p>The Depute Principal has documented responsibility for coordination of all student survey processes within the college and a plan of the surveys to be conducted in academic year 2017/18 is in place. A summary of the 2016/17 Satisfaction Survey of Argyll college students had been prepared for the Learning, Teaching and Engagement Committee – this indicates that All partners within the Highlands and Islands region have agreed to share responses and these will be collated and compared to the Scottish average. This collated data will be discussed at the regional Quality Forum where partners with the highest percentages will be asked to share the good practice that has resulted in the high agreement from students.</p> <p>Students can also provide feedback via the UHI 'Red Button', and responses to this are provided on an on-going basis and in an annual summary report. In addition, the students interviewed all felt that they can give informal feedback at any time and do not necessarily wait to be asked formally. They also said that they felt confident that the college would act on their feedback.</p> <p>There was evidence of student feedback having been considered by the SMT and during the annual course self-evaluation process.</p> <p>The college does not currently have a policy or procedure in place which states how and when feedback will be sought from students, and how the college then communicates with students to advise them of the actions which it has taken as a result (refer</p>			It is recommended that the college documents a procedure to ensure consistency of process in terms of gathering and collating student feedback, and advising students of the actions which have been taken by course teams and/or the college as a result.
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				<p>to Recommendation).</p> <p>Examples of annual course reviews were available at the visit. The reviews are informed by discussions at course team meetings, feedback from students, external verification feedback where relevant and reflection on practice. As a result of each course review, an action plan is devised for the next session, with the aim of enhancing the student experience on the course year on year.</p>			
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<p>1.9</p>	<p>The centre must comply with requests for access to records, information, candidates, staff and premises for the purpose of external quality assurance activities.</p>	<p>High</p>	<p>Green</p>	<p>The SQA Coordinator has documented responsibility for being the first point of contact between the college and SQA for External Verification purposes, including liaising between the external verifier and centre staff to arrange visits, and managing external verifier requests for candidate, venue and staff information.</p> <p>To facilitate the tracking of pending visits and visit outcomes, the SQA Coordinator maintains an EV Tracking Spreadsheet and this was seen at the visit, together with evidence of email correspondence between the SQA Coordinator, external verifiers and college staff.</p> <p>The college has documented 'A Guide for External Verification Visits' and this clearly outlines the procedures to be followed in the event that the college is notified of a visit. Further information is available to staff in the Tutor Handbook, in the Assessment and Verification Policy and Procedures and in other supplementary documents eg in Preparing for External Verification, and SQA External Verification: FAQs (although refer to Recommendation for criterion 1.2). In addition, links are provided to relevant SQA publications.</p> <p>Arrangements for this visit were facilitated promptly and efficiently by the college, and no access issues have been reported to SQA by its staff or appointees.</p> <p>The college has documented in the Tutor Handbook, and in the Assessment and Verification Policy and</p>			
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				Procedures, the requirement that access must be permitted to SQA Accreditation or Ofqual staff if this is requested in relation to regulated qualifications.			
1.10	Outcomes of external quality assurance must be disseminated to appropriate staff and any action points addressed within agreed timescales.	Medium	Green	<p>When external quality assurance reports are received, they are disseminated by the Quality Officer to relevant staff (as per documented responsibilities of the role) together with a completed IV6, which facilitates sharing of the feedback from the EV at the time of the visit between the Head of Curriculum, the Curriculum Lead and the Quality Officer. The EV Tracking Spreadsheet is updated to include the outcome of the visit and the report is uploaded to SharePoint in order that it can be accessed by all staff. There was evidence in the form of email correspondence and attachments to confirm that dissemination had taken place as per procedure.</p> <p>In the event of Required Actions, there is a documented procedure (in the Guide for EV Visits) which explains the requirement to submit the evidence by the date agreed with the external verifier and the process and responsibilities for doing so. Again, there was evidence of this procedure having been adhered to.</p> <p>Minutes of the Quality Assurance Committee confirmed that it discusses external quality assurance reports, and maintains oversight of the submission of evidence should this be required.</p>			

Resources

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
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2.1	Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.	High	Amber	<p>A Recruitment and Selection Policy is in place. A list of qualifications for teaching staff is included in the Assessment and Verification Procedures, and a spreadsheet is used to track the progress of staff who are undertaking assessor or verifier awards. The Tutor Handbook and the Assessment and Verification Procedures state that the CVs of new tutors who will be delivering taught SQA-certificated units must be approved by their line manager prior to deployment. Staff interviewed confirmed that ongoing checks are made in line with assessment strategies or qualification reviews. Staff qualifications and experience are scrutinised as part of the approval process for new qualifications. In addition, there is reference to assessor qualifications within the Tutor/Assessor Job Description. There is however no equivalent information in the Job Description for Internal Verifiers and there is no reference in either document to the timescale within which assessors or internal verifiers must attain the necessary qualification, or that they must have occupational experience, understanding and qualifications as specified in SQA requirements for the qualification(s) that they are to deliver (refer to Required Actions 1 and 2).</p> <p>Assessors and internal verifiers are required by their Job Description to actively engage in relevant CPD when required, however the requirement to maintain a record of their CPD only appears in the Tutor/Assessor Job</p>	<p>The college must document that: 1 assessors and internal verifiers must have occupational experience, understanding and any necessary qualifications, as specified in the SQA requirements for the qualification;</p> <p>2 where no alternative timescale is stated in an assessment strategy, assessors and internal verifiers of regulated qualifications must achieve a relevant assessor/verifier qualification within 18 months of starting to practice; and</p> <p>3 internal verifiers must maintain a record of their CPD.</p> <p>This information must be reflected in any other policy or procedural documentation in which similar information is given. The Job Descriptions and other relevant documentation must be submitted as evidence that this Required Action has been addressed.</p>		
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				<p>Description (refer to Required Action 3). The Tutor Induction Checklist includes the topic of CPD and the Tutor Handbook provides guidance on how records of CPD should be maintained. Staff interviewed confirmed that an in-house CPD programme is in place, and that some of this is mandatory (eg in relation to malpractice procedures). They also advised that they are encouraged to attend external events and to share good practice with other FE colleges.</p>			
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2.2	Assessors and internal verifiers must be given induction training on SQA qualifications and requirements.	Medium	Green	<p>Curriculum Leads have documented responsibility (in their Job Description) for the induction of new teaching staff within their curriculum area, and the Quality Officer is the first point of contact for staff in relation to any queries about quality matters. Internal verifiers have specific responsibility for the induction of new assessors.</p> <p>There was evidence of Centre and Tutor Induction Checklists having been signed by staff and their line manager. All of the induction information stipulated by SQA for assessors and internal verifiers is provided to staff within either the Tutor Handbook or the Student and Course Handbooks, however not all of the requirements are specifically mentioned in the Centre and Tutor Induction Checklists (refer to Recommendation).</p> <p>At the visit, the Quality Officer advised that the college is currently discussing plans to move to a more longitudinal form of staff induction, with the possibility of progress monitoring and tracking being implemented via Blackboard.</p>			<p>It is recommended that all SQA-specific induction requirements are integrated into the existing Tutor Induction checklists. Alternatively, a supplementary induction checklist for assessors and internal verifiers of SQA qualifications could be developed. This would help to ensure that staff are signposted to key elements within the Tutor Handbook and student handbooks and would also provide evidence that information on these requirements has been given to new staff (in the event of any future issue or dispute with the member of staff concerned).</p>
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<p>2.3</p>	<p>There must be a documented system for initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.</p>	<p>Medium</p>	<p>Amber</p>	<p>Initial reviews of resources are an inherent part of the college's Approvals Processes (these have been documented in flowchart format). The flowcharts however do not include the approval process for awards that are non-devolvable to centres (refer to Required Action). The processes require the review of Equipment and Accommodation, Learning and Teaching, and Assessment, and staff qualifications and experience forms are submitted as part of the approval application. Documentary evidence of approval applications were seen, as were relevant minutes of the Quality Assurance Committee. There was also evidence of the outcome of applications having been notified to staff by the Quality Officer in email format (however refer to Recommendation 1).</p> <p>The retention requirements for records of the approval process have been documented within the FE Academic Records Management and Retention Policy and Procedure (although refer to Recommendation 2).</p> <p>Ongoing reviews of resources are undertaken at course team meetings, through the self-evaluation process and through the internal verification process. Staff confirmed that ongoing reviews are conducted and documented as part of the pre-assessment stage of the internal verification procedures, and that feedback from students is also used to inform reviews. The students interviewed all feel that their courses, and the college in general, are well-resourced. They also feel involved in the process of</p>	<p>The centre must document its approval process for non-devolvable qualifications. This could take the form of a flowchart and be added as a separate tab to the other approval processes which have already been documented. The types of qualifications to which this process would apply should be identified, in the flowchart and/or in the approvals section of the Data Management Procedures. The flowchart, and information in the Data Management Procedures if applicable, must be submitted as evidence that this Required Action has been addressed.</p>		<p>1 It is recommended that a feedback form is devised to use when advising staff of the approval decision, conditions etc determined at the meeting of the Quality Assurance Committee. This would facilitate tracking, record-keeping and retention in comparison to the current practice of emailing the outcome of the meeting to curriculum staff. It is possible that the revised UHI approval process, once determined, could be adapted for use with FE provision.</p> <p>2 It is also recommended that the retention requirements for approval process documentation (stated within the FE Academic Records Management and Retention Policy and Procedure) are signposted from the approvals flowcharts and/or the Data Management Procedures.</p>
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				arranging placements and that their choices are taken into account in this regard as much as possible.			
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2.5	All sites where candidates undertake assessments for SQA qualifications must be safe and appropriately resourced, and must provide access for candidates, staff and SQA personnel.	Medium	Amber	<p>The college currently uses the SQA Site Selection Checklist template (devised to accompany approval applications) as its means of verifying the suitability of assessment sites which are not owned or managed by the college, and several completed examples of these were available to see at the visit. Although these examples were dated from 2-3 years ago, there was no evidence of the sites have been reviewed in the interim period. Staff advised that these templates had in fact been reviewed but, as no changes had been required, the reviews had not been recorded. In addition, although the template mentions access for SQA staff, it does not make any specific provision for access to the site by staff from regulatory bodies such as SQA Accreditation.</p> <p>We discussed that the relatively recent enhanced guidance from SQA and suggested proforma would provide the college with a more current and pragmatic approach to meeting the requirements of this criterion - the guidance may be found at http://www.sqa.org.uk/sqa/74663.html (refer to Required Action 1). We discussed also that the related information in the Assessment and Verification Procedures should be revised to include associated responsibilities, a maximum period between reviews, and more detailed guidance on the range of circumstances under which an earlier than scheduled review of assessment sites should be undertaken (refer to Required Action 2). For example, staff interviewed stated that students are encouraged to</p>	<p>The college must:</p> <ol style="list-style-type: none"> 1 document a site selection checklist to be used by appropriate departments when determining the suitability of assessment sites that are not owned or managed by the college; 2 document the process through which the college complies with this criterion ie prior to a candidate commencing a qualification for which they will be assessed at a site not owned or managed by the college, a site selection checklist must be completed, signed and dated by a representative of the college and a person in a position of authority at the assessment site. The circumstances under which this checklist must subsequently be reviewed and/or renewed must be outlined eg according to a predetermined schedule of review; prior to a new candidate commencing a qualification at the site; if a different qualification is to be assessed at an existing site; if a new supervisor takes over responsibility for a candidate at the site; if the candidate moves from one department to another; or if there has been a change of management or ownership at the site. Responsibilities relating to this process, and how reviews will be recorded, must also be documented. <p>The Site Selection Checklist and the revised Assessment and Verification Procedures must be submitted as evidence that these Required Actions have been addressed. The implementation of the system and checklist by relevant departments will be reviewed at future systems verification visits.</p>		
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			<p>report any site deficiencies to their tutor, who would then investigate if this was a circumstance which should give rise to a review.</p>			
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Candidate Support

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
3.1	Candidate induction must include information about the SQA qualification and SQA requirements.	High	Green	<p>Examples were seen of signed and dated candidate centre and course induction checklists, and associated presentations. The presentations are provided to staff in template format in order that they can be customised for specific student groups. This practice was confirmed by the staff who were interviewed. Support notes for the presentations have also been developed (refer to Good Practice).</p> <p>Students are provided with a Student Handbook which they can access on the college website - this contains hyperlinks, allowing students to easily access key information and documents. The students interviewed confirmed that they had been shown how to access the handbook at their induction. Course-specific handbooks have also been developed.</p> <p>The above induction resources give students all of the information with which SQA requires its candidates to be provided at induction however we discussed how the signposting to this required information, and the recording of students' acknowledgement that they had received it, could be enhanced (refer to Recommendation).</p> <p>The students who were interviewed said that their induction to the college and to their course had been helpful, welcoming and informative, and that overall it had been a positive experience.</p>		<p>Concise but comprehensive precis information on some candidate induction topics has been developed as an aide memoire for staff and are included within the induction folder - topics covered include malpractice and academic misconduct, personal interest in the outcome of assessment, assessment regulations, internal assessment appeals, internal and external verification, and learning support. This helps to ensure that these topics are conveyed to students in a consistent way, regardless of the subject area involved or the level of experience of the member of staff delivering the presentation.</p>	<p>It is recommended that the candidate induction checklists are revised to include all of the key points of information which SQA requires to be provided at the point of induction - this will help to ensure that these topics are consistently highlighted to all students and that evidence is available in future (for the purposes of the college and/or SQA) of the required information having been disseminated. It is also recommended that the required information is similarly highlighted within the induction presentation templates.</p>

3.4	Policies and procedures must give SQA candidates equal opportunities for assessment.	Low	Green	<p>A number of documents convey the college's commitment to treating students in an inclusive, positive and non-discriminatory way - these include an Equality and Diversity Policy, an Access and Inclusion Strategy and a Policy and Procedures for Access to Assessment Arrangements, through which assessment arrangements are implemented where these are identified as appropriate to a student's needs (refer to criterion 3.5). This commitment is also evident in the Equality, Diversity and Inclusiveness section of the Student Handbook and in the Assessment and Verification Procedures, which state that the college is 'committed to ensuring that all students are given a fair and equal opportunity to achieve the awards for which they are entered'. The Student Charter includes discrimination against others in a list of unacceptable behaviours.</p>			
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3.5	Individual candidates' requirements for assessment arrangement must be discussed, identified, implemented and recorded.	Medium	Green	<p>The college has documented a Policy and Procedures for Access to Assessment Arrangements, and information on student support is included in the Student Handbook and in the Assessment and Verification Procedures. Students may disclose a support need at the pre-entry stage (eg on their application form or at interview) or during their course (eg on their enrolment form, as a result of the induction process or if a tutor recognises that learning support would be appropriate for that student.</p> <p>A number of recording forms have been devised to support the identification and confirmation of a support requirement, the dissemination of that information to appropriate members of academic staff, confirmation of the support arrangement to the student, and then subsequent review of the student's personal learning support plan. Minutes of an Assessment Arrangements meeting confirmed that assessment arrangements are subject to verification/independent confirmation and examples of completed PLSP documentation were seen.</p> <p>Students interviewed felt that support for learning was explained well at their induction and in the Student Handbook and that the support available from student services, and to external support services where appropriate, is well-signposted. One student described the support that she receives, and how the college liaised with her former school to gather information about she had been supported previously. She also stated that her tutor</p>			It is recommended that, to support both new and existing members of teaching staff, information on assessment arrangements is added to the Tutor Handbook, including signposting to relevant college contacts, procedures and documentation.
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				<p>regularly reviews how the support arrangements are working out for her. The staff interviewed said that communication between teaching staff and student support services is effective.</p> <p>The opportunity was taken at the visit to discuss the evidence which would need to be presented by the college in the event of an SQA Assessment Arrangements Audit. This information is documented in the SQA Assessment Arrangements webpages at http://www.sqa.org.uk/sqa/14976.html , in particular in the publication Quality Assurance of Assessment Arrangements in Internal and External Assessments: Information for Colleges.</p> <p>We discussed how information on assessment arrangements would be a useful addition to the Tutor Handbook, as this can be something which causes anxiety to both new and more experienced members of staff, both in terms of identifying students who may require support, and also in terms of providing such students with an appropriate type and level of support which does not compromise the integrity of the assessment process (refer to Recommendation).</p>			
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3.6	Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements.	Medium	Amber	<p>The college advised that no informal or formal complaints had been received by the college in 2016/17, but that some complaints had been made directly to UHI via the Red Button.</p> <p>Summary information on the college complaints process is provided to students in the Student Handbook, and this includes a hyperlink to the college procedural document for complaints handling, which is available on the college website. This Complaints Handling and Suggestions for Improvement Procedure defines what constitutes a complaint and differentiates between complaints and internal assessment appeals. The procedure states that the college aims to resolve frontline complaints within 5 days, and complaints requiring investigation within 20 days.</p> <p>The procedure explains the right of candidates to escalate their complaint to SQA if they remain dissatisfied once they have exhausted the college's own complaints procedure, and thereafter to SQA Accreditation if they are undertaking a regulated qualification. This information has not however been included within the diagram on page 7 and the flowchart on page 18 (refer to Required Action 1). The right of candidates to escalate their complaint to the SPSO is also stated, however it must be made explicit that this right extends only to issues other than assessment-related matters (refer to Required Action 2).</p> <p>Although none of the staff or students interviewed had been involved in a</p>	<p>1 The summary diagram on page 7 of the Complaints Handling and Suggestions for Improvement Procedure, and the process flowchart on page 18, must be amended to include information about potential escalation of complaints to SQA Awarding Body, and then to SQA Accreditation if the student is undertaking a regulated qualification.</p> <p>2 The college must clarify in the procedure that the right of candidates to escalate their complaint to the SPSO extends only to issues other than assessment-related matters.</p> <p>The revised Complaints Handling and Suggestions for Improvement Procedure must be submitted as evidence that these Required Actions have been addressed.</p>		
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				<p>formal complaint or had had cause to complain, they were all confident that they could access the details of the procedure to follow should they need to do so. The students agreed that they were confident that any complaint would be taken seriously and that there would be no repercussions, but that they would probably raise any concerns in an informal way initially, as the staff are approachable and fair and the issue could probably be resolved without recourse to formal procedures.</p>			
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Internal Assessment and Verification

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
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4.1	Internal assessment and verification procedures must be documented, monitored and reviewed to meet SQA requirements.	Medium	Green	<p>The Assessment and Verification Policy and Procedures covers a range of information about assessment practice and internal verification procedures, including reassessment, recording forms, e-assessment, prior verification, security of assessments, assessment appeals, internal verification sampling strategy etc. Heads of Curriculum plan internal verification activity in consultation with the Curriculum Leads and internal verifiers, and then subsequently use the planning spreadsheet to monitor activity. Examples of the planning spreadsheets were available to see at the visit and staff interviewed confirmed this practice.</p> <p>The recording forms used for internal verification purposes are those used across the UHI partnership and address pre-, during and post-assessment activities. Information on the purpose and use of IV4s, IV5s and IV6s is included within the Assessment and Verification Policy and Procedures, although similar information for IV1, IV2s and IV3s is not, even although these forms are mentioned within the remits of the Heads of Curriculum and Curriculum Leads (refer to Recommendation). Records of internal verification were seen at the visit as well as evidence of standardisation activities and meetings.</p> <p>The Internal Verification Administration process has been documented thoroughly in the form of a flowchart and accompanying notes (see also criterion 6.3). Staff did say that this process looks more complicated than it is</p>			It is recommended that, for completeness, information on the purpose of IV1s, IV2s and IV3s is included in the Assessment and Verification Policy and Procedures.
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				<p>in practice, and they recognise that it is necessary to have a robust procedure in place because of the dispersed nature of the college community.</p> <p>The outcomes of previous external verification visits indicate that internal verification procedures are working effectively in the college.</p>			
4.5	Assessment materials and candidate evidence (including examination question papers, scripts and electronically-stored evidence) must be stored and transported securely.	High	Green	<p>A Policy for the Storage and Transportation of Assessment Materials and Student Evidence has been developed. Given the geographically-dispersed nature of college provision, the policy includes information on the use of tamper-evident transfer labels. The college advised however that work is ongoing in terms of furthering the use of electronic storage of assessment evidence and materials, and also that it is anticipated that the majority of master folders will be transferred to restricted access secure folders by the start of Semester 2 of this academic year.</p> <p>The policy is referred to within the Tutor Handbook, and is available to staff on the SharePoint site. The Quality Officer advised that staff are told about this policy at their induction, however it has not been included specifically on the Tutor Induction Checklist (refer to Recommendation for criterion 2.2).</p> <p>The Quality Officer has documented responsibility for notifying SQA of any breach of security relating to assessment materials published on the secure site.</p>			

4.7	Candidate evidence must be retained in line with SQA requirements.	High	Amber	Retention requirements for candidate evidence have been documented within several procedures, including the Assessment and Verification Policy and Procedures, the Data Management Procedures and the recently developed FE Academic Records Management and Retention Policy and Procedures. The specific requirements for evidence relating to investigations into suspected malpractice and internal assessment appeals have also been documented within those particular procedures. Some of the retention requirements stated in college documentation do not meet current SQA requirements, as per the Guide to Systems Verification for Centres 2015-18 (Sept 2017) (refer to criterion 4.7), and there are some inconsistencies across the information provided. We discussed that it may therefore be preferable to refine the FE Academic Records Management and Retention Policy and Procedures to ensure that it accurately reflects the SQA requirements for this criterion, and to replace the duplicate information in other policy/procedural documentation with a cross-reference or hyperlink to this 'core' document. This approach would also facilitate any future updates or additions to evidence retention requirements as and when they occur (refer to Required Action).	<p>The retention requirements for candidate evidence must be updated in the FE Academic Records Management and Retention Policy and Procedures in order to reflect current SQA requirements. Where retention requirements for candidate evidence are included within other college policies or procedures, then this information must either be updated in line with the revised information in the FE Academic Records Management and Retention Policy and Procedures, or the information can be removed from these other documents and replaced with a cross-reference or hyperlink to the FE Academic Records Management and Retention Policy and Procedures. NB The Awarding Body Requirements for criterion 4.7, as stated in the Guide to Systems Verification for Centres 2015-18 (Sept 2017), must be included in the FE Academic Records Management and Retention Policy and Procedures. The college may of course choose to exceed the stated SQA retention requirements if it wishes to do so.</p> <p>Management and Retention Policy and Procedures and all other associated documents (ie the Staff and Centre Malpractice and Maladministration Policy, the Assessment and Verification Policy and Procedures, the FE Academic Appeals Policy and the Data Management Procedures) must be submitted as evidence that this Required Action has been addressed.</p>		
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4.8	Internal assessment appeals must be handled in line with a documented procedure which meets SQA requirements.	Medium	Green	<p>The college has documented an FE Academic Appeals Policy. This outlines a 3-stage procedure (comprising informal, formal and Appeals Panel stages) and for each stage an appropriate procedure has been documented, including the timescale within which the student is to be notified of the outcome of their appeal.</p> <p>The potential for students on regulated qualifications to escalate their appeal to SQA Awarding Body, and thereafter to SQA Accreditation if required, has been correctly documented.</p> <p>Staff and students confirmed that information on the internal assessment appeals process is provided to students at their induction and then reinforced as they undertake assessments. The students stated that they would know where to find out more about the appeals process if they needed to do so and also that they would be able to approach a member of staff for assistance if necessary.</p> <p>The retention requirements for evidence and records relating to internal assessment appeals have been documented within the procedure, however please refer to the Required Actions for criteria 4.7 and 6.4.</p> <p>An Appeals proforma has been devised to facilitate the recording and tracking of any internal assessment appeal.</p> <p>Records relating to an on-going internal assessment appeal were seen, and these confirmed that the stated procedure is being followed by the college.</p>			
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External Assessment

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
5.1	Assessment evidence must be the candidate's own work, generated under SQA's required conditions.	High	N/A	A review of evidence for Category 5 was outwith the scope of this Systems Verification visit.			
5.2	Assessment materials and candidate evidence, (including examination question papers, scripts and electronically-stored evidence) must be securely stored and transported.	High	N/A	A review of evidence for Category 5 was outwith the scope of this Systems Verification visit.			
5.3	The centre must submit, where appropriate, within published timelines, results services requests.	Medium	N/A	A review of evidence for Category 5 was outwith the scope of this Systems Verification visit.			

Data Management

	Criteria	Impact	Compliance Level	Comments	Agreed Action	Good Practice	Recommendations
6.1	Candidates' personal data submitted by centres to SQA must accurately reflect the current status of the candidate.	High	Green	<p>Candidates' personal data is gathered through the college enrolment form. This includes an appropriate data sharing consent statement, and examples of signed forms were seen at the visit. An example was also seen of a completed Film, Photographic and Sound Recording Release Form.</p> <p>The application and enrolment process, from the time of an initial enquiry through to the student induction, has been depicted in a flowchart. Procedures relating to candidates' personal information have been documented in the Data Management Procedures, including data protection, data storage, data sharing and the checking of Scottish Candidate Numbers. Data sharing information has also been included in the most recent college partnership agreements. A Data Protection Policy is in place which covers access to, and security, retention and transfer of, data and outlines related responsibilities.</p> <p>Students are routinely entered using their home address, and this practice is confirmed by Centre Profile data.</p>			

<p>6.2</p>	<p>Data on candidate entries submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.</p>	<p>High</p>	<p>Green</p>	<p>A number of procedures are in place to ensure that entry data reflects the current status of the candidate and the qualification, and many of these procedures are highlighted to staff in the Tutor Handbook. The Data Management Procedures and the associated Data Management flowchart cover requirements and responsibilities relating to the checking of award approval status and of lapsing and finish dates. Data cleansing is also covered, including updates to personal information, extension requests and withdrawal/transfer requests. Examples were seen of completed documentation relating to these processes. The completion of attendance registers and the production of attendance tracking reports facilitates timely student withdrawal or extensions to anticipated to the Data Management Procedures, the college states its aim to enter all students with SQA within 4 weeks of the course start date, and also notes the requirement to comply with the '10 week rule' in relation to SVQ awards and units, workplace core skills units and assessor/verifier units. Centre Profile data however indicates some instances where this requirement has not been met, and we discussed that this sometimes occurs due to late notification to Registry of optional SVQ units (refer to examples attached). Examples were seen of Outstanding Assessment reports - refer to Good Practice.</p>		<p>At the end of Semester 1, and then every 2-3 weeks thereafter, Outstanding Assessment reports are run for all units and then filtered and disseminated to the members of staff concerned. This facilitates the resulting process by flagging up outstanding assessment results to staff, and so prompting results, withdrawals or extension requests to be submitted as appropriate.</p>	<p>It is recommended that the college revises the Data Management Procedure and associated flowchart to include mention of a pre-determined timeline with which assessors/course teams must comply in terms of confirming optional unit choices to Registry in order that these entries can be made at least 10 weeks in advance of a candidate's anticipated completion date.</p>
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6.3	Data on candidate results submitted by centres to SQA must accurately reflect the current status of the candidate and the qualification.	High	Green	<p>An overview of the resulting process is noted in the Data Management Procedures. In addition, the procedures for internal verification and the submission of results have been documented in more detail in the Assessment and Verification Procedures Appendix B, 'IV Administration Process and Flowchart', including the timescale within which this should take place. Clear lines of communication have been noted to cover different sets of circumstances, eg remote learning centres, schools programmes etc.</p> <p>Examples were seen of completed CAMS forms and IV5s, both of which must be submitted to Registry before resulting can take place. A Class Completion Checklist ensures that all essential items are included in the pack of completed work for each SQA unit when submitting the pack for internal verification and resulting purposes.</p>			
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6.4	There must be an effective and documented system for the accurate recording, storage and retention of assessment records, internal verification records and candidate records of achievement in line with SQA requirements.	Medium	Amber	Retention requirements for assessment records have been documented within several procedures, including the Assessment and Verification Policy and Procedures, the Data Management Procedures and the recently developed FE Academic Records Management and Retention Policy and Procedures. The specific requirements for records relating to investigations into suspected malpractice and internal assessment appeals have also been documented within those particular procedures. Some of the retention requirements stated in college documentation do not meet current SQA requirements, as per the Guide to Systems Verification for Centres 2015-18 (Sept 2017) (refer to criterion 4.7), and there are some inconsistencies across the information provided. We discussed that it may therefore be preferable to refine the FE Academic Records Management and Retention Policy and Procedures to ensure that it accurately reflects the SQA requirements for this criterion, and to replace the duplicate information in other policy/procedural documentation with a cross-reference or hyperlink to this 'core' document. This approach would also facilitate any future updates or additions to record retention requirements as and when they occur (refer to Required Action).	<p>The retention requirements for assessment records must be updated in the FE Academic Records Management and Retention Policy and Procedures in order to reflect current SQA requirements. Where retention requirements for assessment records are included within other college policies or procedures, then this information must either be updated in line with the revised information in the FE Academic Records Management and Retention Policy and Procedures, or the information can be removed from these other documents and replaced with a cross-reference or hyperlink to the FE Academic Records Management and Retention Policy and Procedures. NB The Awarding Body Requirements for criterion 6.4, as stated in the Guide to Systems Verification for Centres 2015-18 (Sept 2017), must be included in the FE Academic Records Management and Retention Policy and Procedures. The college may of course choose to exceed the stated SQA retention requirements if it wishes to do so the revised FE Academic Records Management and Retention Policy and Procedures and all other associated documents (ie the Staff and Centre Malpractice and Maladministration Policy, the Assessment and Verification Policy and Procedures, the FE Academic Appeals Policy and the Data Management Procedures) must be submitted as evidence that this Required Action has been addressed.</p>		
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Summary of Feedback to Centre	<p>The College has well-documented policies and procedures for the management, assessment and quality assurance of SQA qualifications. Good progress has been made by the college in this respect since the previous development visits. Some amendments to policies and procedures are required however in order to ensure that they all fully meet current SQA quality assurance requirements. Potential actions which could be taken in order to achieve this were discussed.</p> <p>The students interviewed feel very well supported by college staff, and said that, because of this, they do not feel 'isolated' despite the dispersed nature of the college's learning centres and the student population.</p> <p>Staff interviewed indicated that is effective communication between all parties, and that the recent restructuring has gone well, aided by a good flow of information. They feel that students benefit from the fact that there is good liaison between teaching staff and student support services.</p> <p>The date by which the college's evidence is to be submitted to SQA (at asv@sqa.org.uk) was agreed as 21 February 2018, however the college was advised that it may submit the evidence in advance of this date if it wishes to do so.</p> <p>The college was thanked for the evidence and access to systems that it had provided both before and during the visit, for facilitating the meeting arrangements with staff and students, and for the warm welcome and kind hospitality.</p>
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Name of Centre Representative present during feedback	
Name	Designation
Elaine Munro	Depute Principal
Liz Richardson	Head of Student Services
Jen McFadyen	Quality Officer; SQA Coordinator

Evidence Seen	<p>Argyll College SharePoint website; Argyll College website; Master Tracking Document for college policies; Policy on Policies; sample of minutes of Learning, Teaching and Engagement Committee; sample minutes of Quality Assurance Committee; committee remits; Organisation Chart; Job descriptions: Depute Principal, Head of Student Services, Quality Officer/SQA Coordinator, Admissions Administrator, Registry Administrator, Internal Verifier, Tutor-Assessor et al; Partnership Agreements; Staff and Centre Malpractice and Maladministration Policy; Student Malpractice Policy; Malpractice-Maladministration Incident Form; records of investigation into suspected malpractice; Conflict of Interest Policy and Procedures; completed examples of Conflict of Interest Disclosure Form; examples of assessment schedules and class timetables; examples of email correspondence to staff from SQA Coordinator; records of student feedback; records of collated and analysed student feedback; Student survey plan for 2017-18; records of course team and standardisation meetings; examples of completed annual Self Evaluation Documents; records of correspondence with SQA Qualifications Verifiers; Argyll College EV visits 2016/17 (tracking/summary spreadsheet); Guide for EV visits; Preparing for EV; SQA EV: FAQs; examples of completed IV6's; Recruitment, Selection and Retention Policy; AV Award tracking spreadsheet; records of staff development, including registers of attendance; records of staff induction (tutor and centre induction checklists); Tutor Handbook; FE and HE Course Approval Processes Flowcharts; records of qualification approval process; completed Site Selection Checklists; Room Audits; Workplace HS Assessment Form; H&S Audit of Placements; Records of student centre and course induction; Induction resources including presentations, example Course Handbook, and Student Handbook 2017/18; Equality and Diversity Policy; Access and Inclusion Strategy March 2017; Access to Assessment Arrangements Policy and Procedures; Minutes of AAA meeting Jan 2017; Request for Course Information form; Mandate from student authorising disclosure of information; forms to facilitate creation and implementation of PLSPs; examples of completed PLSPs; Complaints Handling and Suggestions for Improvement Procedure; IV Administration Flowchart; Assessment and Verification Policy and Procedures; IV Plan and Tracking Spreadsheets; SQA Assessment Cover Sheet; records of internal verification; Summary of QV Activity Report 2016/17 (from SQA); Policy for the Storage</p>
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	and Transportation of Assessment Materials and Student Evidence; UHI Assessment Retention Policy; FE Academic Records Management and Retention - Policy and Procedures; FE Academic Appeals Policy; Student Internal Assessment Appeal Form; records of internal assessment appeal; Centre Data Profile (August 2017); Data Protection Policy; Application and Enrolment Process Flowchart; Data Management Procedures and Flowchart; examples of completed: Enrolment Form 2017/18, Film, Photographic and Sound Recording Release Form, External Exam Entry Forms, Change of Address Forms, Withdrawal Forms, Assessment Extension Request Form, CAMS Forms; IV5s; Student Registers, Student Attendance Tracking Reports and Outstanding Assessment Reports.
Staff Interviewed	Jen McFadyen, Quality Officer and SQA Coordinator; Liz Richardson, Head of Student Services. The Depute Principal Elaine Munro participated in the opening and feedback meetings, and we were also introduced to the Principal, Fraser Durie.
General Information	Argyll College has its main campus in Oban, and also operates from a number of college centres across the mainland and islands of Argyll. An academic partner of the University of the Highlands and Islands, it delivers a range of further and higher education programmes. In August of this year, a minor restructuring of the curriculum took place, resulting in a change from 5 Curriculum Managers, to 2 Heads of Curriculum supported by 12 Curriculum Leads (each of whom also retains subject-specific teaching responsibilities).

Required actions and recommendations from previous visit:(if applicable will be reviewed during this visit)

Previous Agreed Action	Update/Review/Date Closed	Previous Recommendation	Update/Review/Date Closed
As per Systems Development Visit Report 23 April 2015			

Agreed Action Date/Type

Agreed Action Date	21 Feb 2018
Evidence Type	Electronic