

# Systems Verification - Evidence Report

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

Rescheduled date		Reason	
Centre Name	<b>Scottish Bakers</b>	Centre Number	<b>3000753</b>
Systems Verifier Name	<b>Anne Fowler</b>	Systems Verifier Contact Details	<b>anne.fowler@sqa-ext.org.uk</b>
Double Banker Name (if applicable)		Date/Time of Follow-up Visit	
Head of Centre Name	<b>Mr Scott Anderson</b>	Head of Centre Email Address	<b>Mr Scott Anderson</b>
SQA Co-ordinator Name	<b>Mr Scott Anderson</b>	Centre Email Address	<b>scott@scottishbakers.org</b>

## Summary of Visit

	Outcome Statement	Non-Compliant Criteria
Management of a Centre	<b>High Confidence identified in the systems that support the maintenance of SQA standards within this centre</b>	
Resources	<b>High Confidence identified in the systems that support the maintenance of SQA standards within this centre</b>	
Candidate Support	<b>High Confidence identified in the systems that support the maintenance of SQA standards within this centre</b>	
Internal Assessment and Verification	<b>High Confidence identified in the systems that support the maintenance of SQA standards within this centre</b>	
External Assessment	<b>High Confidence identified in the systems that support the maintenance of SQA standards within this centre</b>	
Data Management	<b>High Confidence identified in the systems that support the maintenance of SQA standards within this centre</b>	

Sanctions	
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## Previous Outcome Summary - Visit Report

Agreed Action Date = 05/12/2018

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						

## Previous Outcome Summary - Evidence Report

Evidence Type = Electronic

Agreed Action Date = 23/01/2019

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						

## Previous Outcome Summary - Evidence Report

Evidence Type = Electronic

Agreed Action Date = 13/03/2019

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

## New Outcome Summary

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
2.1	2.2	2.3	2.5						
3.1	3.4	3.5	3.6						

4.1	4.5	4.7	4.8
5.1	5.2	5.3	
6.1	6.2	6.3	6.4

## Management of a Centre

		Criteria	Impact	Compliance Level	Evidence Seen / Comments	Agreed Action
1.5	Current Evidence Report	Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements.	High	<b>Green</b>	Document Retention Policy	
		Evidence Report		<b>Amber</b>	Malpractice Policy 2018-19	Provide a copy of your Document Retention Policy
		Evidence Report		<b>Amber</b>	Malpractice Policy 2018-2019 Retention Policy 2018-19	You are required to amend your malpractice policy to ensure that it meets SQA's requirements for this criterion and provide a copy of this. The Malpractice policy you provided contained two definitions of malpractice - you are required to remove the previous definition. The definition of malpractice is as stated in the Guide to Systems Verification for Centres <a href="https://www.sqa.org.uk/sqa/files_ccc/guide-systems-verification-centres-2015-18-scotland.pdf">https://www.sqa.org.uk/sqa/files_ccc/guide-systems-verification-centres-2015-18-scotland.pdf</a> . Your policy must state - to whom allegations of malpractice should be reported to within the Centre. - the matter must also be reported to the police if the malpractice involves a criminal act - that candidates involved in an investigation of malpractice (whether candidate or centre malpractice) must not be resulted for the assessments in question until the investigation is completed, the outcome decided and any appeal concluded You are required to amend the information given in relation to appeals against malpractice decisions in order to meet SQA's requirements. You will find recommended standard wording in the Enhanced Guidance for this criterion at <a href="https://www.sqa.org.uk/sqa/files_ccc/Malpractice-in-internal-assessment-guidance%20.pdf">https://www.sqa.org.uk/sqa/files_ccc/Malpractice-in-internal-assessment-guidance%20.pdf</a> . You are also required to amend your Retention Policy to ensure that the information given about retention of records is the same as that in your Malpractice Policy and provide a copy of this.
		Visit Report		<b>Amber</b>	We discussed recent changes to SQA's requirements relating to malpractice and identified some changes you needed to make to your policies to meet this criterion. I gave you a copy of the Enhanced Guidance for this criterion.	You are required to amend your malpractice policy to ensure that it meets SQA's requirements for this criterion and provide a copy of this. Your policy must cover malpractice by candidates and malpractice by centre staff have the definition of malpractice as stated in the Guide to Systems Verification for Centres <a href="https://www.sqa.org.uk/sqa/files_ccc/guide-systems-verification-centres-2015-18-scotland.pdf">https://www.sqa.org.uk/sqa/files_ccc/guide-systems-verification-centres-2015-18-scotland.pdf</a> It must include procedures for Reporting malpractice internally Reporting candidate and centre malpractice to SQA Communicating outcomes Sanctions Actions Appeals Record-keeping Retention of records You are required to provide an amended copy of your Document Retention Policy that includes the current requirements for the retention of related records and documentation when an investigation of suspected malpractice is carried out.

