External Quality Assurance Policy

Contents

1. Purpose

1.1 This policy supports compliance with the Conditions of Recognition set by Ofqual. It outlines how BIIAB Qualifications Limited (BIIAB) and Skills and Education Group (SEG) Awards ensure the validity, reliability, consistency, and integrity of assessment through the effective implementation of external quality assurance (EQA).

1.2 EQA provides independent oversight of centre assessment and internal quality assurance practices to ensure that:

- learners are assessed fairly and consistently.
- assessment decisions are valid and meet qualification requirements; and
- standards are maintained across all centres delivering BIIAB/SEG Awards.

1.3 Where an assessment is marked by a Centre, BIIAB/SEG Awards uses external quality assurance as part of its arrangements for Centre Assessment Standards Scrutiny in accordance with Condition H2 of Ofqual's General Conditions of Recognition.

1.4 External quality assurance may comprise Moderation or other forms of Centre Assessment Standards Scrutiny, depending on the assessment design, the point at which scrutiny takes place, the qualification requirements and the risks presented. BIIAB/SEG Awards remains accountable for the effectiveness of these arrangements and for ensuring that results are based on sufficient and reliable evidence.

2. Scope

2.1 This policy applies to:

2.1.1 All approved Centres that deliver BIIAB and Skills and Education Group (SEG) Awards qualifications
2.1.2 All qualifications offered by BIIAB/SEG Awards where the qualification or assessment model requires external quality assurance or Centre Assessment Standards Scrutiny, including qualifications regulated by Ofqual and other relevant UK regulators.
2.1.3 All geographic areas that BIIAB and SEG Awards are delivered
2.1.4 All learners / candidates
2.1.5 All Centre staff
2.1.6 All contractors (including External Quality Assurers, Markers, Moderators)
2.1.7 All BIIAB / SEG Awards staff

2.2 This policy applies where BIIAB/SEG Awards undertakes Centre Assessment Standards Scrutiny of Centre-marked assessments, including Moderation, verification, retrospective scrutiny and other risk-based quality assurance activity.

2.3 BIIAB/SEG Awards remains responsible for compliance with applicable regulatory requirements where any delivery, assessment, internal quality assurance or external quality assurance function is undertaken by a Centre, contractor or other third party.

2.4 **Regulatory Framework**

This policy forms part of BIIAB/SEG Awards' regulatory control framework. It supports compliance with the applicable General Conditions of Recognition, including:

A4: Conflicts of Interest;

A5: Availability of adequate resources and arrangements;
A6: Identification and management of risks;
A7: Management of incidents;
A8: Malpractice and maladministration;
B3: Notification to Ofqual of certain events;
C1 and C2: Arrangements with third parties and Centres;
D1 and D3: Fitness for purpose and review of approach;
G4, G8 and G9: Assessment confidentiality, required assessment conditions and delivery;
H1: Marking the assessment;

H2: Centre Assessment Standards Scrutiny;
H5: Results based on sufficient evidence;
H6: Issuing and correcting results; and
I1: Appeals.

This policy should be applied alongside the relevant qualification specification, assessment strategy, Centre Agreement and associated BIIAB/SEG Awards policies and procedures.

2.5 **Definitions**

Centre Assessment Standards Scrutiny: The arrangements through which BIIAB/SEG Awards scrutinises the marking of an assessment by a Centre to secure confidence that the assessment remains fit for purpose and that assessment decisions are valid and reliable.

Moderation: Centre Assessment Standards Scrutiny undertaken before results are issued, through which the awarding organisation may make adjustments to Centre marking or results where required.

External Quality Assurance: The activities used by BIIAB/SEG Awards to monitor Centre compliance, assessment decisions and internal quality assurance. For Centre-marked assessments, EQA may form part of BIIAB/SEG Awards' Centre Assessment Standards Scrutiny arrangements.

Adverse Effect: An act, omission, event, incident or circumstance that has given rise to, or may give rise to, prejudice to learners or potential learners or otherwise adversely affect the development, delivery or award of qualifications.

3. Principles of External Quality Assurance

3.1 Approved centres must have robust quality assurance systems in place to ensure high-quality delivery and effective assessment of qualifications. Centres are responsible for Internal Quality Assurance (IQA), while BIIAB/SEG Awards are responsible for External Quality Assurance (EQA).

3.2 BIIAB/SEG Awards carry out External Quality Assurance (EQA) to ensure that centres deliver, assess and quality assure qualifications in line with our requirements and the expectations of UK Regulators .

3.3 EQA provides independent oversight of centre assessment and internal quality assurance practices. It ensures that assessment decisions are fair, valid, reliable and consistent, and that standards are applied accurately across all centres.

3.4 Through EQA, we identify risks, support centres to improve performance, and act where necessary to protect the integrity of our qualifications and ensure that no learner is disadvantaged.

3.5 BIIAB/SEG Awards' approach to EQA is underpinned by the following principles:

- **Validity**: assessment measures what it is intended to measure.
- **Reliability**: assessment decisions are consistent across assessors, centres and over time.
- **Fairness**: all learners have equitable access to assessment.
- **Transparency**: processes, and decisions are clear and evidenced.
- **Independence**: EQA activity is objective and free from conflicts of interest.
- **Risk-based assurance**: the level, and type of EQA activity is proportionate to risk.
- **Accountability**: BIIAB/SEG Awards retains regulatory accountability for the validity of assessment decisions and the accuracy of results, including where assessment, quality assurance or scrutiny activity is undertaken by a Centre or contractor.
- **Sufficiency of evidence**: results and certification decisions will only be accepted where BIIAB/SEG Awards has sufficient evidence to support the validity and reliability of the relevant assessment decisions.

4. Risk-based Approach

4.1 BIIAB/SEG Awards operates a structured and evidence-based risk management approach to EQA. This ensures that the nature, frequency, and intensity of EQA activity are proportionate to the level of risk presented by each centre and qualification.

4.2 Risk assessments are conducted at regular intervals and are informed by a range of quantitative and qualitative data sources, including but not limited to:

- Previous EQA outcomes and identified actions.
- Centre performance and compliance history.
- Volume and profile of learner registrations.
- Qualification characteristics, including regulatory or licence-to-practise requirements.

- The assessment model, including whether assessment is Centre-set, Centre-marked, practical, observed, remotely delivered or digitally evidenced.
- Risks arising from subcontracted delivery, satellite sites or multiple delivery locations.
- The experience, competence and turnover of assessors and IQAs.
- Previous inaccurate assessment decisions, expanded samples or certification blocks.
- Reasonable adjustments, special consideration and potential equality impacts.
- Assessment-security, learner-identity and evidence-authenticity risks.
- Unusual patterns in registrations, achievement, resubmissions or certification claims.
- Risks specific to statutory, licence-to-practise or high-risk qualifications.
- The use and performance of Direct Claims Status
- Intelligence from internal and external sources (e.g. malpractice investigations, whistleblowing, regulator notifications).

4.3 The outcome of risk assessment determines the EQA strategy applied to each centre, including:

- The frequency and timing of EQA activity.
- The method of EQA (e.g. visit, remote, unannounced activity).
- The scope and size of sampling.
- The level of monitoring, support and intervention required.

4.4 Risk profiles are dynamic and will be reviewed and updated in response to emerging information. BIIAB/SEG Awards reserves the right to adjust EQA activity at any time where there is evidence of increased risk to the integrity of assessment.

4.5 This risk-based approach ensures that BIIAB/SEG Awards can identify and respond to potential risks promptly, thereby protecting learners, maintaining public confidence, and ensuring compliance with regulatory requirements.

4.6 Higher-risk qualifications and assessment models may be subject to qualification-specific controls, increased scrutiny, unannounced activity, enhanced sampling and additional approval before certification.

5. The External Quality Assurance Team

5.1 The EQA Team is led by the Quality Manager, who ensures that they are appropriately qualified and experienced:

- Have relevant occupational and assessment expertise.
- Are trained in BIIAB/SEG Awards policies, systems, standards, and regulatory requirements.
- Engage in ongoing standardisation and monitoring activities.

5.2 Approval to undertake EQA activity will be based on documented evidence of:

- current occupational competence;
- assessment and quality assurance competence;
- knowledge of the relevant qualification and assessment model;
- knowledge of applicable regulatory, statutory or licence-to-practise requirements;
- successful completion of BIIAB/SEG Awards induction and standardisation;
- competence to use the relevant systems and produce accurate, evidence-based reports; and
- any additional qualification-specific requirements.
- EQA competence will be kept under review through continuing professional development, report sampling, standardisation, accompanied or observed activity and periodic performance review. Approval may be restricted, suspended or withdrawn where competence or performance is not maintained.

5.3 BIIAB/SEG Awards ensure that EQA activity is completed independently and objectively. EQAs are required to:

- Declare any actual, potential or perceived conflict of interest before accepting an allocation and whenever circumstances change. The Compliance and Regulation Manager will maintain the central conflict-of-interest record. The Quality Manager will ensure that an EQA is not allocated where independence could be compromised and will document any approved mitigation. Material or unresolved conflicts will result in reallocation and escalation to the Responsible Officer.
- Act independently of centre assessment decisions.
- Comply with BIIAB/SEG Awards policies and procedures, including the Conflict of-Interest Policy, Malpractice and Maladministration Policy, Sanction Policy, Internal Quality Assurance Policy, and the Centre Monitoring Policy.

6. External Quality Assurance Framework

6.1 **Planning**

6.1.1 For qualifications involving Centre-marked assessment, EQA activity will be planned and undertaken in accordance with BIIAB/SEG Awards' documented Centre Assessment Standards Scrutiny strategy and any qualification-specific assessment strategy. The strategy will specify:

- the applicable scrutiny method;
- whether scrutiny takes place before or after results;
- Centre and qualification selection criteria;
- minimum and risk-adjusted frequency;
- sampling methodology;
- evidence requirements;
- criteria for accepting or rejecting Centre assessment decisions;
- arrangements for expanding samples;
- certification controls;
- escalation and sanction triggers; and
- arrangements for reviewing the effectiveness of scrutiny.

6.1.2 EQA activity is planned based on centre and qualification risk and is planned at an appropriate point before certification.

6.1.3 Centres will be subject to EQA activity at a frequency determined by their risk profile. As a minimum, BIIAB/SEG Awards will ensure sufficient EQA activity to maintain confidence in assessment decisions.

6.1.4 The Quality Managers will review the centre and qualification risk level and confirm the EQA frequency and type, and work with the Centre Support Team and/or EQAs to plan the EQA visits. High-risk centres and qualifications will benefit from more frequent EQA activity and support to ensure confidence that BIIAB/SEG Awards and regulatory requirements are being upheld.

6.1.5 The Quality Managers will ensure that the level of EQA activity accurately reflects the current level of risk, considering, for example, prior EQA findings, learner feedback, intelligence from internal and external stakeholders, including regulators and other relevant bodies.

6.1.6 BIIAB/SEG Awards will ensure appropriate allocation and periodic rotation of EQAs to maintain independence and objectivity.

6.1.7 For qualifications subject to Qualifications Scotland Accreditation requirements, the Centre must ensure that the required teaching and learning observation is completed at least once every three years by an

appropriately competent person. The EQA will verify that the requirement has been met and that sufficient records are available.

6.2 Types of EQA Activity

6.2.1 The type of EQA and Centre Assessment Standards Scrutiny will be determined by the assessment model, qualification requirements, Centre risk, qualification risk and the point at which scrutiny must take place. Activity may include:

- Moderation before results are issued;
- verification of assessment and IQA decisions;
- scheduled or unannounced Centre visits;
- remote or digital sampling;
- observation of assessment or quality assurance activity;
- retrospective scrutiny;
- thematic or targeted scrutiny;
- review of assessment and quality assurance records;
- comparison of outcomes across assessors, sites, cohorts or Centres; and
- additional scrutiny following intelligence, an incident, complaint, appeal or malpractice concern.

6.3 Sampling Approaches

6.3.1 The EQA will sample the assessment and IQA decisions. Sampling strategies must be:

- Risk-based and proportionate.
- Designed to ensure sufficient coverage across learners, assessors, units, and cohorts.
- Sufficient to confirm the reliability and validity of assessment decisions.

6.3.2 Sampling must not be based solely on a fixed percentage or numerical formula

6.3.3 Where an initial sample identifies an inaccurate, inconsistent or potentially invalid assessment decision, the EQA must expand the sample or escalate the matter in accordance with the applicable scrutiny strategy. This may include sampling additional learners, assessors, units, cohorts, sites or certification claims.

6.3.4 Certification must not be released until BIIAB/SEG Awards has sufficient evidence to support the relevant results.

6.3.5 When deciding the sample size, the EQA will consider:

- Any specific risks that relate to the centre, assessment, or qualification
- The number of learner registrations.
- The range of attainment within the cohort of learners
- The number of assessors at the centre involved in the delivery and assessment of the qualification.
- The number of colleagues involved in the quality assurance in relation to the volume of assessments at the centre.
- New assessors and IQAs;
- multiple sites and subcontracted delivery;
- referred, failed, borderline and high-achieving work;
- resubmissions;
- recognition of prior learning;
- reasonable adjustments and special consideration;
- learner identity and evidence authenticity;
- remote and digital assessment;
- different assessment methods;
- previous actions or sanctions.

7. External Quality Assurance Outcomes

7.1 Following completion of external quality assurance activity, BIIAB/SEG Awards will make a formal judgement on the validity, reliability and consistency of assessment decisions and the effectiveness of the centre's internal quality assurance processes.

7.2 EQA outcomes will:

- Confirm whether assessment decisions are accurate and can be accepted.
- Confirm whether sufficient evidence exists to support the release of results and certification.
- Identify the learners, cohorts, assessors, sites, qualifications or certification claims potentially affected by any inaccurate or unreliable assessment decision.
- Identify areas of good practice.
- Identify any risks, concerns, or non-compliance with requirements.
- Determine whether actions or sanctions are required.

7.3 Where issues are identified, centres will be required to complete corrective actions within defined timescales. Actions will be proportionate to the level of risk and may include requirements for further sampling, staff development, or process improvement.

7.4 Where significant or persistent concerns are identified, outcomes may result in the application of sanctions in line with BIIAB/SEG Awards' sanctions policy.

7.5 Certification will only be authorised where BIIAB/SEG Awards is satisfied that assessment decisions are valid, reliable and fully meet qualification requirements.

7.6 BIIAB/SEG Awards retains overall responsibility for the quality and integrity of assessment decisions and for the certification of learners.

7.7 EQA outcomes are subject to internal quality assurance and oversight processes to ensure consistency, accuracy, and fairness in decision-making across all centres.

8. Actions and Sanctions

8.1 Where a centre fails to meet required standards, BIIAB/SEG Awards will take appropriate action to address identified risks to the quality and integrity of assessment. Actions and sanctions will be proportionate, evidence-based, and aligned to the level of risk posed.

8.2 Actions are intended to support improvement and may be applied where issues are identified that do not present an immediate or significant risk to learners or qualification standards. These may include, but are not limited to:

- Requirements for corrective action within defined timescales
- Additional monitoring or increased EQA activity
- Targeted sampling or review of assessment decisions
- Requirements for staff development or training
- Strengthening of internal quality assurance arrangements

Each action must identify:

- the required outcome;
- the responsible person;
- the deadline;
- the evidence required for closure;
- the person authorised to confirm closure; and
- the consequences of failure to complete the action.

Actions may only be closed where sufficient evidence demonstrates that the required outcome has been achieved.

Immediate escalation must occur where findings indicate:

- potentially invalid results or certification;

- systemic or deliberate non-compliance;
- serious malpractice or maladministration;
- a significant assessment-security failure;
- widespread assessor or IQA incompetence;
- repeated failure to complete actions;
- risk to public safety or licence-to-practise decisions; or
- an actual or potential Adverse Effect.

8.3 Where EQA identifies that an assessment decision or result is, or may be, incorrect, BIIAB/SEG Awards will:

- prevent the release of affected results or certificates where possible;
- determine the full population of potentially affected learners;
- expand sampling or require remarking or reassessment where appropriate;
- correct affected results in accordance with the relevant procedure;
- revoke or replace certificates where required;
- protect valid learner achievements;
- consider whether an Adverse Effect has occurred or may occur;
- consider whether notification to Ofqual or another regulator is required; and;
- identify and implement action to prevent recurrence.

All decisions, evidence, affected populations and corrective actions must be formally recorded.

8.4 Sanctions will be applied where there is evidence of significant risk, non-compliance, or failure to address previously identified actions. Sanctions may include, but are not limited to:

- Restrictions on certification claims
- Suspension of learner registrations or certification
- Withdrawal of Direct Claims Status
- Imposition of special conditions on centre approval
- Suspension or withdrawal of centre or qualification approval

8.5 In determining appropriate actions or sanctions, BIIAB/SEG Awards will consider:

- The severity and nature of the issue identified.
- The potential impact on learners and the integrity of qualifications
- Whether the issue is isolated or systemic
- The centre's previous compliance history
- The effectiveness and timeliness of the centre's response to earlier actions

8.6 All actions and sanctions will be:

- Formally recorded and communicated to the centre
- Subject to defined timescales and review points
- Monitored to ensure effective resolution

8.7 Where serious or persistent non-compliance is identified, BIIAB/SEG Awards reserves the right to escalate sanctions at any stage to protect learners and maintain confidence in its qualifications.

8.8 Examples of issues that may result in actions or sanctions include, but are not limited to:

- Insufficiently qualified or competent staff
- Invalid or inappropriate assessment practices
- Inadequate internal quality assurance
- Poor or incomplete assessment records
- Concerns regarding the authenticity of learner evidence
- Inconsistent or unreliable assessment decisions
- Suspected or confirmed malpractice or maladministration

8.9 All sanctions are applied in accordance with BIIAB/SEG Awards' Sanctions Policy and are subject to appropriate oversight and internal review.

8.10 Significant sanctions will be reviewed as part of the BIIAB/SEG Awards Scrutiny Group.

8.11 A sanction or certification restriction may only be removed by an authorised person where sufficient evidence confirms that the relevant risk has been addressed. The rationale for removal must be documented.

9. Direct Claims Status

9.1 Direct Claims Status is a conditional, qualification-specific permission that allows an eligible Centre to make certification claims between scheduled EQA activities. It does not remove the Centre or qualification from Centre Assessment Standards Scrutiny.

9.2 Decisions to grant DCS will be based on documented criteria, including:

- the maturity and compliance history of the Centre;
- satisfactory assessment and IQA arrangements;
- satisfactory EQA outcomes over a defined period;
- assessor and IQA competence;
- the qualification and assessment risk;
- the reliability of previous certification claims;
- completion of actions; and

- absence of unresolved malpractice, maladministration or regulatory concerns.

9.3 DCS approval must identify the qualifications covered, the approval date, the authorised decision-maker, any conditions and the review date. Certification claims made under DCS remain subject to retrospective scrutiny and data monitoring. DCS may be reviewed, restricted, suspended or withdrawn where information indicates a risk to valid assessment or certification.

9.4 Triggers for immediate review include:

- inaccurate assessment decisions;
- significant staffing changes;
- unusual registration, achievement or certification patterns;
- overdue EQA activity;
- unsuccessful or obstructed sampling;
- malpractice or maladministration concerns;
- failure to complete actions; and
- a material change in Centre or qualification risk.

9.5 DCS will only be restored where sufficient evidence demonstrates that the relevant risks have been addressed.

9 Malpractice and Maladministration

10.1 Any suspected malpractice or maladministration identified through EQA activity will be:

- Escalated in line with BIIAB/SEG Awards Malpractice and Maladministration Policy.
- Investigated by an appointed Investigating Officer following the Investigation Framework.
- Managed in accordance with regulatory requirements.

Further details are contained within the Malpractice and Maladministration Policy and the Investigation Framework.

10.2 Any finding arising from EQA that has caused, or could cause, an Adverse Effect must be escalated immediately through BIIAB/SEG Awards' incident management and regulatory reporting arrangements. The responsible manager will determine whether notification to Ofqual or another regulator is required. The decision, rationale, supporting evidence, actions and notification status must be recorded.

10.3 EQA findings will also be considered collectively to identify whether an issue may be systemic or affect other Centres, qualifications or learners.

11 Appeals

11.1 Centres have the right to appeal against EQA decisions. Appeals must be submitted in accordance with BIIAB/SEG Awards Appeals Policy and within published timescales. All relevant evidence must be retained to support any appeal.

11.2 Decisions that may be appealed include EQA judgements, certification restrictions, sanctions, withdrawal or suspension of DCS and other Centre-related decisions identified within the Appeals Policy.

11.3 Appeals will be considered by persons with appropriate competence who have no personal interest in the decision under appeal. Evidence relevant to the original decision and appeal must be retained.

11.4 Submission of an appeal will not automatically remove a certification restriction or sanction where doing so could place learners, qualification standards or public confidence at risk.

11.5 Where an appeal identifies a failure in BIIAB/SEG Awards' assessment or EQA arrangements, BIIAB/SEG Awards will identify any other affected learners, Centres or qualifications, correct or mitigate the failure and take action to prevent recurrence.

12 Data Protection and Confidentiality

12.1 All EQA activity is conducted in accordance with data protection legislation, including UK GDPR and the Data Protection Act 2018.

Centres and EQAs must ensure that:

- Learner evidence is stored and transferred securely.
- Access to data is controlled and appropriate.
- Confidentiality is always maintained.

12.2 Assessment evidence, EQA reports, sampling records, risk assessments, decisions, conflicts-of-interest declarations, actions, sanctions and appeal evidence must be retained in accordance with BIIAB/SEG Awards' records-retention schedule.

12.3 Centres must retain assessment, internal quality assurance and related records for the period specified in the Centre Agreement, qualification requirements and BIIAB/SEG Awards' records-retention schedule.

12.4 Records must be retained for longer where required by legislation, a regulator, a statutory or licence-to-practise body, an investigation, appeal, litigation hold or instruction from BIIAB/SEG Awards.

12.5 Records must provide a clear audit trail from the evidence sampled through to the EQA judgement, certification decision and closure of any resulting actions.

13 Standardisation

13.1 The Quality Manager is responsible for ensuring that appropriate standardisation activities are in place to ensure consistency of:

- The implementation of the EQA procedure
- The quality of EQA reporting
- EQA judgements relating to assessment and rigour of IQA.
- Interpretation of risk, including actions and sanctions that are applied

13.2 At times, BIIAB/SEG Awards facilitate standardisation activities for centres to support consistency and continuous improvement in assessment and quality assurance practice. Centres are required to engage with standardisation activities where required.

13.3 Standardisation and internal quality assurance arrangements will include:

- review of EQA reports and supporting evidence;
- comparison of judgements across EQAs;
- review of sampling sufficiency;
- consistency of action and sanction grading;
- review of certification-release decisions;
- accompanied or observed activity where required;
- feedback and corrective development for EQAs; and
- analysis of overturned decisions and appeals.

All reports from newly approved EQAs will be subject to enhanced review for a defined approval period. Reports involving serious concerns, sanctions or certification restrictions will be independently reviewed before issue or implementation wherever practicable.

14 Centre and IQA Responsibilities

14.1 Centres must:

- Ensure that there is an IQA identified for the course, who will act as the key link between BIIAB/SEG Awards, working with the EQA to plan, prepare for and participate in EQA visits, and ensure that any EQA actions are appropriately addressed.
- Ensure delivery and assessment are compliant with the qualification and regulatory requirements.
- Ensure that learner work is appropriately authenticated.
- Ensure that the assessment's internal quality assurance is completed before EQA.
- Make all requested learner evidence and documentation available.
- Maintain accurate and auditable records.
- Cooperate fully with EQA activity and ensure timely EQA activity well in advance of certification.
- Keep BIIAB/SEG Awards informed of who is responsible for IQA and any changes to centre personnel.
- Ensure learners understand that certification is subject to successful EQA.
- provide access to all delivery and assessment sites, including subcontractors and satellite sites;
- provide complete, authentic and auditable assessment and IQA evidence;
- maintain controls for learner identity, evidence authenticity and assessment security;
- notify BIIAB/SEG Awards promptly of material changes to assessors, IQAs, sites, delivery models or subcontracting;
- retain evidence until authorised for disposal;
- facilitate announced and unannounced EQA activity;
- not make certification claims where assessment or IQA requirements are incomplete;
- cooperate with expanded or retrospective sampling;
- implement actions within specified timescales; and
- protect learner evidence during an investigation, appeal, Centre closure or suspension.

15. EQA Responsibilities

15.1 The EQAs are responsible for:

- Working collaboratively with the Centre, except where activity is unannounced or where advance engagement could compromise the purpose or integrity of the activity.
- Verifying assessment decisions and the effectiveness of the IQA process in line with BIIAB/SEG Awards risk-based sampling strategy.
- Undertaking audit activity to check centre compliance with the centre agreement, as outlined within the Centre Monitoring Policy and Sanction Policy.
- Making accurate judgements as to whether a centre is compliant with BIIAB/SEG Awards and regulatory requirements.
- Providing advice and guidance, based on sampling findings, to support the centre in raising standards in delivery and assessment, and improving the rigour of quality assurance activity.
- Providing high-quality verbal and written feedback that clearly illustrates strengths, key areas for improvement that are supported by clear actions and/or recommendations.
- Participating in training, standardisation, and peer review activity to ensure consistency across the EQA team
- Confirming whether certification is released or whether further remedial action is required.
- confirming whether the sample provides sufficient evidence;
- expanding or escalating the sample where inaccurate or inconsistent decisions are found;
- identifying the full potential extent of an issue;
- checking learner identity, authenticity and assessment-security controls;
- considering all delivery sites and subcontracted provision;
- distinguishing clearly between actions, recommendations and sanctions;
- escalating actual or potential Adverse Effects immediately;
- declaring conflicts before allocation and whenever circumstances change;
- recording evidence supporting certification-release decisions; and
- ensuring reports contain a clear and auditable link between evidence, findings, risk and outcome.
- Adhering to the policies and procedures cited within this policy.

16. Quality Manager Responsibilities

16.1 The Quality Manager is responsible for ensuring that:

- EQA frequency is proportionate and sufficient for the level of current risk.
- EQAs are appropriately qualified and experienced.

- Conflicts of interest are identified, recorded, and appropriately mitigated.
- Appropriate training, quality assurance, and standardisation activities are in place to ensure consistency across BIIAB/SEG Awards EQAs.
- There are robust quality assurance mechanisms in place to monitor and sample EQA decisions.
- EQAs consistently adhere to and apply BIIAB/SEG Awards policies and procedures cited within this policy.
- qualification-specific EQA requirements are defined;
- Centre and qualification risks are regularly reviewed;
- EQA allocations are appropriate and independent;
- EQA competence and scope of approval are documented;
- EQA reports and decisions are subject to risk-based internal quality assurance;
- serious findings and certification restrictions receive appropriate oversight;
- inconsistent or incorrect EQA decisions are corrected;
- actions and sanctions are applied consistently;
- potential Adverse Effects are escalated;
- trends are analysed across Centres, qualifications and EQAs; and
- sufficient resources and contingency arrangements are maintained.

17. The Head of Quality and Compliance

17.1 The Head of Quality and Compliance is responsible for:

- ensuring the effective implementation of this policy;
- approving the overall Centre Assessment Standards Scrutiny framework;
- ensuring sufficient resources and competent personnel are available;
- overseeing material risks, incidents, sanctions and Adverse Effects;
- ensuring appropriate regulatory notifications are considered and made;
- receiving management information on the effectiveness of EQA;
- ensuring systemic failures are corrected and prevented from recurring; and
- providing assurance to the Responsible Officer and Scrutiny Group

18. Monitoring and Review

18.1 BIIAB/SEG Awards will:

- Monitor the effectiveness of its EQA arrangements.
- The effectiveness of EQA arrangements will be monitored using qualitative and quantitative information, including:
  - completion of EQA activity against plan;

- overdue EQA activity and actions;
- repeat findings;
- expanded sampling;
- certification blocks;
- DCS suspension or withdrawal;
- EQA report-quality outcomes;
- appeals and overturned decisions;
- inaccurate or corrected results;
- malpractice and maladministration themes;
- Centre and qualification risk movement;
- consistency between EQAs; and
- actual or potential learner impact.
- Findings will be reported through the relevant management and governance arrangements. Required improvements will be assigned to an accountable owner, given a completion date and monitored to closure.

- Review this policy on at least an annual basis, or sooner where required, to ensure continued compliance with regulatory requirements and sector best practice.

- The policy and associated scrutiny strategies will also be reviewed following a material regulatory change, significant incident, identified systemic failure, regulatory feedback or evidence that the arrangements may no longer be effective.

19. Other Relevant Policies

19.1 The policies to be reviewed in conjunction with the EQA policy include:

- IQA policy
- Centre monitoring policy
- Malpractice and Maladministration policy
- Sanction policy
- Centre approval policy
- Conflict of interest policy
- CASS Strategy
- Appeals Policy
- Complaints Policy
- Centre Recognition Policy