

GA Quality Assurance Policy

1. Introduction

This document outlines Gatehouse Awards' (GA) approach to quality assurance and the procedures adopted to ensure that the design, development, delivery and award of qualifications is valid, reliable, and consistent across time. GA strives to achieve these outcomes in a manner that is practical and cost-effective, at the same time ensuring that quality is not compromised at any of the operational stages.

This Quality Assurance Policy should be read alongside the *GA Centre Assessments Standards Scrutiny (CASS) Strategy*, the *GA Moderation of Externally-Assessed Qualifications Policy*, the *GA Risk Policy* and other relevant policies and procedures maintained by GA.

2. Responsibility and Authority

The overall responsibility for this strategy is held by the Governing Body, while the authority to design, implement, review and improve or update it is delegated to the Director and the Assessment Manager.

3. GA Quality Assurance Principles

GA have adopted the following principles underpinning the quality assurance system:

- Accessibility – all GA qualifications should be accessible to as wide a range of candidates as possible who have the potential to achieve them.
- Validity – all GA qualifications have a clearly specified purpose and assessment is designed to measure exactly the outcomes that the qualification purports to achieve and nothing else.
- Reliability – all GA qualifications are reliable – the stakeholders, including centres, learners, employers, third party organisations can trust that GA qualifications awarded to candidates reliably reflect their level of achievement.
- Comparability – all GA qualifications are comparable to those offered by other established Awarding Organisations, and are designed, delivered and assessed to national standards, where appropriate.
- Manageability – all GA qualifications can be delivered effectively without placing undue burden, financial or otherwise, on approved centres.
- Fairness – all GA qualifications are free from bias which could either advantage or disadvantage particular groups of candidates.
- Continuous Improvement – GA strives to make continued improvements to all aspects of its services, including ensuring that the qualifications offered meet the current market requirements and candidates' and other stakeholders' needs.

- Responsibility – GA expects its members of staff, as well as all approved centres, to share the responsibility for elements of the quality assurance programme.

4. Quality Assurance Components

In adherence to the above principles, GA has designed and implemented quality assurance arrangements which consist of the following components:

Centre Approval – GA operates a Centre Approval Procedure to ensure that only centres who meet the General Business Requirements and specific requirements in four main areas of operation: Management and Administrative Systems Physical and Staff Resources, Delivery and Assessment Practices, and Internal Quality Assurance Processes in order to gain approved centre status. Where applicable, centres must also meet the additional requirements for Delivery of External Assessment. GA also operates an annual centre re-approval activity to ensure that approved centres continue to meet the Centre Approval Criteria and have effective quality management systems and processes which support the delivery of GA qualifications.

Qualification Approval – GA operates a Qualification Approval Procedure to ensure that the centres have the necessary physical and staff resources in order to deliver a particular qualification. Qualification Approval is maintained by approved centres which continue to have the necessary physical and staff resources in place to support the delivery of each individual qualification.

Qualification Development – GA operates a Design of Qualifications and Assessments Procedure in order ensure that GA designs, develops and keeps under review all of its qualifications and units to ensure that they meet the Conditions of Recognition, in particular those of being valid, reliable and fit for purpose.

Moderation and Standardisation of Externally-Assessed Qualifications – GA operates a Moderation of Externally-Assessed Qualifications Policy in order to ensure that any and all external assessment results are valid and reliable and to determine that the assessment remains fit for purpose. This also ensures that the criteria upon which any and all external assessment results are predicated are applied consistently for all candidates, in line with equalities legislation, in order to provide such candidates and the public with the assurance that the service is provided within a moderated and quality assured framework.

Centre Assessments Standards Scrutiny (CASS) – GA operates a clear strategy with arrangements to check assessment decisions made by a centre (within centre-assessed qualifications). Standards scrutiny consists of external moderation or external verification activities. This system of controls also includes how we decide which centres can mark assessments, how we monitor these arrangements, how we decide whether to scale our controls up or down, and what action we may take if we discover an issue with centre assessments.

Internal Quality Assurance (IQA) – GA recognises the importance of monitoring, establishing and maintaining standardisation of assessment across subjects and levels within a centre. Internal Quality Assurance processes in approved centres must cover assessment decisions made by all assessors, ensure that those decisions meet the criteria as stated in the specification, are consistent across the assessors and different groups of candidates and that effective feedback is provided to all assessors. The internal quality assurance of assessment decisions is a key requirement in all centre-assessed qualification delivery. Guidance to centre staff undertaking an IQA role is provided wherever possible.

External Quality Assurance – GA operates an External Quality Assurance process to assess approved centres' compliance with issued guidelines and regulations, and, where applicable, to ensure accurate and consistent standards of assessment, GA appoints External Quality Assurers who are occupationally and professionally competent to carry out standards scrutiny and/or EQA Reviews, to ensure accurate and consistent standards are maintained across all approved centres and over time. External quality assurance activities are designed to ensure that approved centres:

- have appropriate levels of staff and physical resources to support the delivery of the qualification
- use appropriate assessment methods and make appropriate assessment decisions (where applicable)
- effectively operate appropriate internal quality assurance and internal moderation arrangements (where applicable)
- use appropriate and effective management and administration processes to support the delivery of qualifications.

External quality assurance activities provide approved centres with feedback including examples of good practice, areas for development, and, if applicable, action points.

Monitoring and Support for Approved Centres – GA undertakes regular monitoring activities of its approved centres according to a schedule based upon the centre's risk rating. Centres will be subject to regular visits and scrutiny of the centre's wider operations to ensure arrangements remain fit for purpose. Monitoring and support visits offer support in further developments and improvements to their operations. GA will also conduct announced and unannounced Examination Observations at centres which deliver externally assessed examinations. As part of the support, GA offers its approved centres a range of webinar support and additional advisory visits, which are available upon request.

Monitoring of Malpractice and Maladministration – GA adopts robust procedures for preventing, investigating and dealing with malpractice and maladministration relating to the development, delivery and award of its qualifications, in compliance with Ofqual's Conditions of Recognition. All GA staff, as well as staff in approved centres, are required to report to GA any instances of suspected malpractice that may occur during the examination, assessment and awarding process.

Conflict of Interest – GA operates a Conflict of Interest Policy which is followed by the staff, management, directors, contractors and other third parties engaged by GA in order to ensure that,

wherever possible, Conflicts of Interests are avoided or, where they cannot be avoided, are identified and mitigated, or managed, effectively. GA also supports approved centres in identification, monitoring and management of any risks associated with Conflicts of Interest in respect of the delivery and award of Regulated qualifications. This is covered at initial approval, annual re-approval, centre visits and routine communications with centres.

Training and Continuous Professional Development – GA ensures that all members of staff are qualified and competent to perform their roles effectively, and that they are committed to continuous professional development. Job descriptions and person specifications are available for each role, and members of staff are appointed in strict adherence to the latter. Each new member of staff undergoes initial training necessary to effectively perform their role, and their performance is regularly reviewed during appraisals. A Continuous Professional Development Log is maintained by each member of staff whose role requires occupational competence. GA expects similar commitment from its approved centres and will undertake checks of the above during EQA Reviews and External Moderation or External Verification activities.

Monitoring and Improving the Quality Assurance Programme – An overview of the monitoring conducted as part of, and the effectiveness of the Quality assurance arrangements, is provided to the Governing Body during quarterly meetings, and shared with members of the Quality Panel, where applicable. GA seeks to improve and strengthen its quality assurance arrangements and the procedures implemented to allow effective and compliant operations. The processes and procedures inherent to the quality assurance arrangements are reviewed at least annually, and more frequently if need arises. It is GA’s policy to acknowledge and, if appropriate, respond to comments and compliments from all stakeholders in a timely manner, as well as to resolve any complaints as quickly as possible. GA carefully considers all types of feedback received, and endeavours to learn from it so that service can be continually improved.

5. Quality Assurance Monitoring and Risk Rating of Centres

GA’s approach to the on-going quality assurance of centres and centre activities consists of a range of quality assurance mechanisms, which all provide evidence for the allocation of a centre’s overall risk rating.

The specific mechanisms used for this purpose are as follows:

Key:	
Green	applies to all centres
Blue	applies to centres delivering externally-assessed qualifications
Pink	applies to centres delivering centre-assessed qualifications.

QA1	Initial Centre Approval
QA2	Individual Qualification Approval
QA3.1	Controls on External Assessment
QA3.2	Centre Quality Monitoring
QA3.3	Annual EQA Review
QA3.4	External Moderation/Verification Activities
QA4	Annual Re-approval Exercise
QA5	Data-Led Monitoring (automated, plus additional intelligence)

The outcome of the quality assurance monitoring activities is that centres are categorised as a **High, Medium, or Low-risk** centre.

Note - monitoring arrangements for International Centres may vary from country to country.

QA1 - Initial Centre Approval

GA requires all centres to gain initial centre approval by demonstrating a robust understanding of the requirements for delivering regulated qualifications and providing evidence that they have met the Centre Approval Criteria in the following areas:

- General Business Requirements
- Management and Administrative Systems
- Physical and Staff Resources
- Delivery and Assessment Practices
- Internal Quality Assurance Processes
- Delivery of External Assessment (*where applicable*).

The centre is required to enter into a contract with GA by agreeing to and signing the GA Declaration and Statement of Commitment.

Most centres are automatically assigned 'high risk' as they are new to GA, the delivery and quality assurance of GA qualifications, and GA specific processes and procedures which may vary even from other UK Awarding Organisations.

A new centre may achieve an initial medium-risk rating where:

- the centre or key staff are known to GA, for example if they have been a regular trainer for another centre and, as such, has been subject to EQA activities prior to the application which have not highlighted any issues
- the centre has produced a recent EQA report from another AO using the same qualifications (for example, within First Aid, Education and Training, Assessors and Verifiers

qualifications where qualifications are substantially similar to those offered by other AOs) which shows a low-risk outcome for the centre delivering that qualification.

Further information about centre approval requirements can be found in the published *GA Centre and Qualification Approval Procedure*.

QA2 - Individual Qualification Approval

Centres are required to apply for qualification approval for each individual qualification by demonstrating that they meet all the requirements specific to the delivery and quality assurance of the qualification (contained in the relevant *Qualification Specification*).

GA does not offer qualification approval on a sector-wide basis due to the requirements for each qualification within any given sector being varied. Centres may submit multiple qualification approval applications in the same application form for GA qualifications within the same suite (e.g., a range of Classic IESOL qualifications, or Levels 3-5 in Education and Training).

Further information about qualification approval requirements can be found in the published *GA Centre and Qualification Approval Procedure*.

QA3 - Arrangements for On-Going External Quality Assurance (EQA)

On-going EQA activities vary, depending on the role of the centre in the delivery of the qualification(s), i.e. if they deliver externally-assessed qualifications, or deliver centre-assessed qualifications.

For Centres Delivering Externally-Assessed Qualifications:

QA3.1 – Controls on External Assessment

The external assessment process enables GA assessment staff to scrutinise the assessment records for each and every candidate. As every externally assessed qualification is marked by a GA appointed and trained marker, decisions are made in accordance with the standards as outlined in the relevant Qualifications Specification.

External assessment controls allow GA to confirm that:

- the centre's processes to prevent malpractice and maladministration are appropriate
- the centre has processes in place to manage malpractice and maladministration by staff and candidates
- the centre is keeping full records (e.g. candidate ID documents)
- the centre is able to provide full access to documentation and records and make these available in accordance with the regulations

- there are suitable arrangements to administer assessments (in line with GA's Conduct of External Assessment Guidelines)
- assessment delivery undertaken by any new member of centre staff is fully supported
- assessment practices at the centre capture evidence efficiently and effectively (i.e. via the audio recordings and scripts).

These controls also ensure that GA can:

- identify any evidence of malpractice or irregularities with the assessment delivery, or the content of responses provided by the candidates, and refer them for further scrutiny wherever appropriate.
- provide feedback to centre staff on the delivery and conduct of examinations and assessments

Moderation is undertaken by GA staff, who may take any necessary action, such as extending the moderation sample, providing feedback directly to centre delivery staff, or referring any alleged maladministration and/or malpractice issues to the Assessment Manager for further investigation.

The external assessment controls also involve ongoing monitoring of the statistical information pertaining to the average pass rate at the centre compared to the average pass rate for the qualification across all approved centres, as well as the pattern of any resit examinations, or the frequency of instances of maladministration at the centre.

The outcome of the external assessment controls will feed into the Centre Quality Monitoring Schedule, and might result in an increased number of exam observations, video reviews (where applicable), and centre visits.

These external assessment controls inform the Centre Risk Rating and the extent of the Centre Quality Monitoring activities.

QA3.2 – Centre Quality Monitoring

The centre quality monitoring activities allow GA to confirm that:

- there is an effective communication system between GA and the centre staff
- the centre processes any appeals in line with the published procedure
- there is adequate liaison, consistency and standardisation with all satellite centres/additional venues
- staff have received relevant support and feedback to achieve consistency in assessment delivery
- candidate access arrangements have been applied correctly and fairly
- the centre's venue and resources are suitable for the delivery of the qualification(s)
- centre staff are known to GA

- delivery and assessment is planned and takes place at the correct venue at the scheduled date and time
- the centre follows the correct procedures for the receipt, storage and disposal of confidential materials.

Activities to support the centre quality monitoring include:

Announced and unannounced observations. These can take place in person or remotely, depending on factors such as the location of the session or the examination delivery mode (i.e. if it is taken online or in person). The observer may be present for the entire examination or just some examination components, and they might also choose to extend the observation if they come across any issues which might undermine the validity of the assessment process.

Video reviews of examination sessions (where applicable). Where videos are requested, these are always reviewed prior to the results for that cohort being released. The extent of video checks will vary, for example, a standard check might focus on whether the video recording is available for all candidates and exam units required, whether the ID check was undertaken in line with the guidance, and whether the positioning of the main and auxiliary cameras is in line with the guidance. A more detailed check might involve a full video review in order to check for any evidence of candidate malpractice or delivery staff maladministration or malpractice.

Centre visits. These can take place in person or remotely and focus on the centre's adherence to the centre approval criteria, specifically with regards to record keeping, conflicts of interest, the confidentiality and secure storage and disposal of examination materials, and arrangements for the prevention of malpractice, and candidate access.

Administrative systems. GA administrative staff are responsible for monitoring the centre's overall performance when it comes to the administrative aspects of exam delivery such as timely and accurate examination bookings, and the handling and uploading of the assessment records. Any issues identified are recorded on the maladministration log and may be escalated to the Assessment Manager for further investigation.

Outcome of the External Assessment Controls and Centre Quality Monitoring activities

The outcome of the External Assessment Controls and Centre Quality Monitoring activities for centres delivering externally-assessed qualifications is an intelligence-led activity. This means that the Assessment Manager will apply their knowledge of the performance of the centre over time in order to establish the most appropriate level of risk to assign to each individual centre.

The risk rating arising from the External Assessment Controls and Centre Quality Monitoring activities is designated as Low-risk, Medium-risk or High-risk.

The following indicators are used:

	Indicators
<p>Low risk</p>	<ul style="list-style-type: none"> • Experienced centre - consistent delivery with no breaks • Has qualified and experienced assessment delivery staff • Has little or no feedback issues from GA’s centre monitoring activities • Delivers a moderate volume of a given qualification • Candidate access arrangements are applied correctly and fairly • Delivers all assessments at their centre location OR, where there are multiple venues or sites in use, the centre’s delivery is fully consistent and standardised across the sites • Full evidence of feedback being implemented, and improvements having taken place, where applicable • Has had no sanctions within the past 12 months • Maladministration issues, if any, are rare • Communication between GA and the centre is always effective • Appeals have been processed by the centre following the guidelines and in the correct timescales (where applicable) • All GA-issued training and development opportunities are undertaken
<p>Medium risk</p>	<ul style="list-style-type: none"> • Moderately experienced centre with consistent delivery and no significant breaks • Has newly qualified or very recently trained assessment delivery staff • Delivers at a number of different locations, with different staff where not all staff are trained to the same consistent standard • Delivers relatively high volume of a given qualification • Has a number of actions required resulting from GA centre monitoring activities • Staff may need some support in order to ensure candidate access arrangements are applied correctly and fairly • Has a number of maladministration issues within the previous 12 months • Has been placed under a low level sanction within the previous 12 months • Improvement of assessment delivery in response to feedback being provided takes place, but the centre may be slow to implement these improvements • Communication between GA and the centre is generally good on most occasions, but some communication issues might occur • Staff may need support in order to process an appeal (where applicable) • Most GA-issued training and development opportunities are undertaken
<p>High risk</p>	<ul style="list-style-type: none"> • The centre is new to GA (<1 year since approval or has had significant breaks between cohorts, e.g. 6+ months)

- Has unproven assessment delivery practices
- Delivers high volumes of a given qualification
- Has unqualified / inexperienced delivery staff
- Has a high number of delivery staff, particularly if most are unused
- Offers the qualification(s) for high stakes purposes
- Regularly submits poor quality recordings or scripts that are badly scanned or copied, or incomplete records of assessment
- Has a high number of actions required resulting from centre monitoring activities
- There is limited evidence of improvement of assessment delivery despite feedback being provided
- Pass rate is anomalously high or low
- Staff need significant support in order to ensure candidate access arrangements are applied correctly and fairly
- Has been placed under sanction at Level 3 or above within the previous 12 months
- Communication with the centre can be ineffective at times, for example, the centre can be slow to respond
- Appeals are not always processed within the guidelines and timescales set
- The centre does not actively engage with GA-issued training and development opportunities

For Centres Delivering Centre-Assessed Qualifications:

QA3.3 - Annual EQA Review

The annual EQA Review, which takes place no less than annually, applies to all centres approved for the delivery of centre-assessed qualifications and focuses on the centre’s continual adherence to the Centre Approval Criteria.

The review covers four main sections:

- Management and Administrative Systems
- Physical and Staff Resources
- Delivery and Assessment Practices
- Internal Quality Assurance Processes

Each section contains a set of criteria relating to the section title. The document *GA Centre Approval Criteria and Guidance for Centres* outlines what these evidence requirements are and what

the EQA Reviewer looks for to satisfy each criterion, as well as giving examples of evidence a centre could provide.

A centre will be awarded a risk status based on the evidence reviewed during that visit.

At individual criterion level:

- If a '**High-risk**' is selected, this means that the centre is unable to satisfy the evidence requirements of that individual criterion (it may also be applied even if evidence is present but where the evidence presented cannot be considered to be fully embedded or has only been applied to the centre's GA qualification delivery very recently).
- If '**Medium-risk**' is selected, this means that the centre has partially been able to satisfy the requirements of that individual criterion, but the evidence is incomplete (it may also be applied where the EQA Reviewer identifies gaps or improvements which must be carried out before the centre can be considered to have fully satisfied the requirements).
- If '**Low-risk**' is selected, this means that the centre has entirely satisfied the requirements of that individual criterion, the evidence is complete, and has been seen to be effective over time.
- An individual criterion can also be designated '**N/A**' if it does not apply to the centre and there is no requirement for the centre to evidence that they have met a particular criterion.

The outcome of the Annual EQA Review is calculated as follows:

- Each individual criterion within each section is marked High-risk, Medium-risk, Low-risk or N/A, as outlined above.
- Each of the four sections is categorised as being either High-risk, Medium-risk or Low-risk.
- The risk per section is calculated on the highest risk that has been awarded across the criteria in the section.
- The overall risk rating given as the outcome of the EQA Review is the highest risk that has been awarded to any section in the report.

In this way, the outcome of the EQA Review is a confirmation of the centre's overall Risk Rating of **Low-risk, Medium-risk or High-risk**.

QA3.4 - External Moderation / Verification Activities

External moderation and/or verification activities allow GA to perform adequate scrutiny of centre-made assessment decisions by centre staff. These activities may take place remotely, or in person, and are conducted by a GA EQA who has the appropriate competence, has been provided with appropriate training, and has no personal interest in the outcome of the scrutiny.

The type, frequency and volume of these activities is dependent on the centre's activity levels (i.e. the number of registered candidates), the current Risk Rating of the centre and the risk level of the individual qualification.

Further information about GA's approach to external moderation and verification can be found in the published *GA Centre Assessments Standards Scrutiny (CASS) Strategy*.

The outcome of External Moderation / Verification activities leads to an outcome calculated in the same way as the annual EQA Review, as described above (Low-risk, Medium-risk or High-risk).

In all instances of on-going EQA (whether through EQA Review and Moderation/Verification, or through External Assessment Controls and Centre Quality Monitoring), if a centre fails to address previously identified actions, this may result in an escalation of the risk level assigned to the centre and an increase in the level of future monitoring the centre will receive.

QA4 - Annual Re-Approval Exercise

GA requires all approved centres to complete an annual re-approval exercise. Within any centre, the issues of staff turnover, physical changes to premises and availability of resources, changes in delivery arrangements and internal quality assurance processes may pose a risk to GA, which the annual re-approval process aims to mitigate.

The re-approval process takes into account the centre's performance across the previous year and considers any potential risks before confirming the centre's on-going approval.

All centres are required to agree to and sign the *GA Declaration and Statement of Commitment* again at the point of re-approval.

Centre Risk Ratings are renewed or adjusted at the annual re-approval.

QA5 - Data-Led Monitoring

Data-led monitoring also takes place and there is an automated process by which several factors provide a risk rating for an individual centre. These factors are:

- the time the centre has been approved
- the volume of registrations the centre has made
- the number of satellite centres the centre has
- any sanctions applied to the centre arising from maladministration and/or malpractice

Data-led monitoring also permits GA staff to allocate additional risk points under a 'miscellaneous' category, where other forms of intelligence can be included as required. These types of additional intelligence may include, but not be limited to:

- Malpractice and maladministration instances
- Significant deviations from expected pass marks
- Complaints, whistleblowing, A8.7 notifications or quality assurance shares received from candidates, centre staff, members of the public or other stakeholders or regulatory authorities
- Areas of concerns identified from the centre's website, social media etc.
- Issues with payment of invoices

6. Additional Quality Assurance Activities

GA's quality assurance processes are designed to be flexible and responsive. This means that GA may also conduct unannounced centre visits, additional announced centre visits, interviews with centre staff/candidates, or other activities relevant to any concern or risk identified through any of the mechanisms outlined above.

7. Calculation of the Overall Centre Risk and Use of the Centre Risk Rating

The outcomes of all the mechanisms described above are taken into account to produce an overall Risk Rating, per centre. This is recorded on the Ark.

It is important to note that a centre having any individual high-risk element will not automatically mean it is deemed overall high risk when all individual outcomes have been taken into account.

GA also reserves the right to increase the risk of an individual centre where it is identified that any element of the risk monitoring should be given additional weighting, due to the potential adverse effect identified.

The risk rating of a centre is used to:

- inform the annual EQA Review
- determine the focus, frequency and scope of on-going monitoring activities (moderation or verification sample size, external assessment controls and/or centre quality monitoring, as appropriate)
- inform additional administrative decisions such as extending additional qualification approvals or permitting the use of new satellite sites

Where a centre is deemed to be:

- **High-risk** – where applicable, an action plan is put in place and must be carried out by the centre within a reasonable timescale. Progress is monitored and reviewed by an EQA Reviewer, by central GA Quality Assurance staff, or at the point of moderation or verification activities

(dependant on the nature of the actions required and the type of qualification delivery the centre is approved to undertake). Note that newly approved centres may be deemed high risk and will not necessarily have an action plan.

Where immediate risk to the integrity of qualifications or to the interests of learners is identified, a sanction may be placed against a centre. Any sanctions will be proportionate to the risk identified and range from levels 1 to 5, increasing in severity. The *GA Sanction Policy* should be referred to for further guidance.

- **Medium or low-risk** – any actions set for the centre will be reviewed at the next Annual EQA Review or moderation/verification visit (for centres delivering centre-assessed qualifications) or subject to on-going External Assessment Controls and Centre Quality Monitoring (for centres delivering externally-assessed qualifications).

The risk rating of any individual centre will not impact the risk rating of individual qualifications.

8. The Duration of the Centre Risk Rating

Centre risk is not a static value and can fluctuate due to several reasons.

For centres who achieve either a medium or low risk status, this status will usually apply for 12 months and is reviewed at the next annual EQA Review and/or re-approval (unless evidence suggests that the risk rating should be increased in the interim).

If a centre is categorised as high-risk and has an action plan, progress monitoring will take place. The centre's risk status could change during this process, depending on evidence seen.

At any time, if GA is made aware of any instances where a centre has not been compliant with our policies and procedures and an investigation takes place, the result of this investigation could impact and change a centre's risk rating. In such cases, the centre would be made aware of the non-compliance and any necessary steps taken. Steps may include putting in place an action plan or imposing sanctions. The new risk status will remain in place until evidence of regained compliance has been confirmed.

9. Training and CPD

GA provides training and development opportunities to all centres on a range of topics, including, but not limited to:

- Conflicts of Interest
- Candidate Access
- Preventing, Identifying and Reporting Malpractice

From time to time, GA will issue training which is mandatory for all centres to undertake.

GA will also provide training and development opportunities for specific qualification delivery, assessment and internal quality assurance. Centres are expected to fully engage with these opportunities.

10. Policy Review

This Policy will be reviewed at least every 24 months. Additional updates will be made as and when required.

Document Specification:	
Purpose:	To outline the quality assurance arrangements GA has in place to ensure that the assessment of GA qualifications is valid and reliable, and that the application of standards is consistent over time for all centres, candidates and qualifications.
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Other relevant documents:	Centre Handbook CASS Strategy Moderation of Externally Assessed Qualifications Policy Risk Policy Documents referred to in Section 3 of this policy