

Internal Quality Assurance Policy

Document reference	UKSEQ-POL-003
Policy area	Quality Assurance
Version	0.1 — Draft
Status	In development — not approved for operational use
Policy owner	UKSEQ Quality & Compliance Lead (proposed)
Approval authority	UKSEQ Board (proposed)
Effective date	To be confirmed upon approval
Review frequency	Annually and following material change
Next review	12 months after approval

1. Purpose and scope

This policy establishes the proposed UKSEQ approach to internal quality assurance. It applies to UKSEQ directors, employees, contractors, centres and learners as relevant to their roles. It will take effect only when formally approved and implemented. UKSEQ is not currently recognised by Ofqual or Qualifications Wales and does not currently award regulated qualifications.

2. Responsibilities

The Board is accountable for approving the policy and ensuring sufficient resources and independent oversight. The designated Quality & Compliance Lead is responsible for implementation, monitoring and escalation. Centres and authorised personnel must comply with applicable requirements, cooperate with reviews and maintain accurate records. Specific appointments and delegated authorities must be confirmed before the policy takes effect.

3. IQA purpose

IQA verifies that assessment practice and decisions are consistent, valid, fair and aligned with current qualification requirements.

4. IQA appointments

Centres must appoint competent IQAs with appropriate occupational and quality assurance expertise. IQAs must not verify their own assessment decisions and must declare conflicts.

5. IQA strategy

Each centre must maintain a documented IQA plan covering all assessors, qualification units, assessment methods, learner groups, sites and risk factors across the delivery cycle.

6. Sampling

Sampling must be risk-based, sufficiently representative and include interim as well as final evidence where appropriate. New or higher-risk assessors and atypical results receive increased scrutiny.

7. Standardisation

Centres must run periodic standardisation, share interpretations of criteria and record attendance, decisions and resulting actions.

8. Feedback and corrective action

IQA feedback must specify evidence reviewed, findings, required changes, responsibility and deadline. Serious issues are escalated and achievement claims paused where necessary.

9. Audit trail and reporting

IQA plans, samples, decisions, standardisation records, feedback and action closure must be available to UKSEQ EQA personnel and retained securely.

10. Monitoring, records and review

Compliance will be monitored through management review, sampling, incident analysis and internal audit as appropriate. Records of decisions, exceptions, approvals and corrective actions must be maintained in approved secure systems. This policy will be reviewed annually, and sooner following relevant legal or regulatory change, material incident or identified weakness.

11. Related documents

This policy should be read alongside the UKSEQ policy suite, applicable qualification specifications, approved centre agreements and relevant statutory or regulatory requirements. In any conflict, applicable law and binding regulatory conditions take precedence.

Document control and approval

Prepared for consultation and Board review. Before issue, UKSEQ must confirm named accountable officers, contact routes, delegated decision rights, service standards, implementation evidence and any necessary regulatory cross-references.

Approved by	Pending
Approval date	Pending
Next scheduled review	12 months after approval