

External Quality Assurance Policy

Document reference	UKSEQ-POL-004
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 external 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. EQA independence

UKSEQ will appoint suitably competent EQA personnel who are independent of the centres and assessment decisions they review. Conflicts must be declared and managed.

4. Risk-based planning

An EQA plan will consider centre approval status, qualification risk, learner volume, previous findings, complaints, staffing changes and malpractice indicators.

5. Monitoring activities

EQA may include remote evidence sampling, visits, staff interviews, learner discussions, observations and review of centre governance, assessment, IQA and learner support.

6. Sampling and findings

Samples must test assessment validity and consistency across relevant qualifications and personnel. Reports will distinguish good practice, observations, required actions and critical non-compliance.

7. Certification controls

Where confidence is insufficient, UKSEQ may restrict direct claims, registrations or certification pending satisfactory evidence and authorised clearance.

8. Actions and escalation

Findings must be communicated in writing with deadlines. Failure to address serious or repeated issues triggers escalation under centre monitoring and malpractice procedures.

9. Oversight and review

UKSEQ will review EQA consistency, standardisation, timeliness, centre risk ratings and thematic trends and retain auditable records.

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