

How we Quality Assure

Policy Statement

The purpose of this handbook is to ensure that the security and integrity of MERCURIUS POLITICUS Awarding Body qualifications are maintained by:

- Ensuring that centres have and implement appropriate procedures for quality assurance of the qualifications delivered
- Ensuring that MERCURIUS POLITICUS Awarding Body have and implement appropriate procedures for the quality assurance of centres, qualifications and standardisation of staff activity

At the end of each section are references to the documents you will need, the documents we will use and Ofqual's General Conditions of Recognition that apply. All related documents are available on our website.

Policy Detail

MERCURIUS POLITICUS Awarding Body quality assurance processes can be split into three categories:

1. **How we expect centres to quality assure** - Internal quality assurance carried out by recognised centres
2. **How we quality assure centres** - External quality assurance of recognised centres
3. **How we quality assure ourselves** - Internal standardisation and self assessment of MERCURIUS POLITICUS Awards

Specific detail of each of these can be found in this document, along with how to implement each and process flowcharts.

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How we expect centres to quality assure

All recognised centres must carry out Internal Quality Assurance (IOA) to ensure that standards are maintained and to enable us to comply with the regulations from our regulator Ofqual.

Centres must ensure that their internal quality assurance processes are documented, evidenced and that all staff are aware of their responsibilities. IOA activity must include:

- Internal verification
- Standardisation of assessment practice
- Review of selection, recruitment, training and updating of staff
- Review of any Complaints and Appeals from learners/users
- Support of any reasonable monitoring or investigation activity

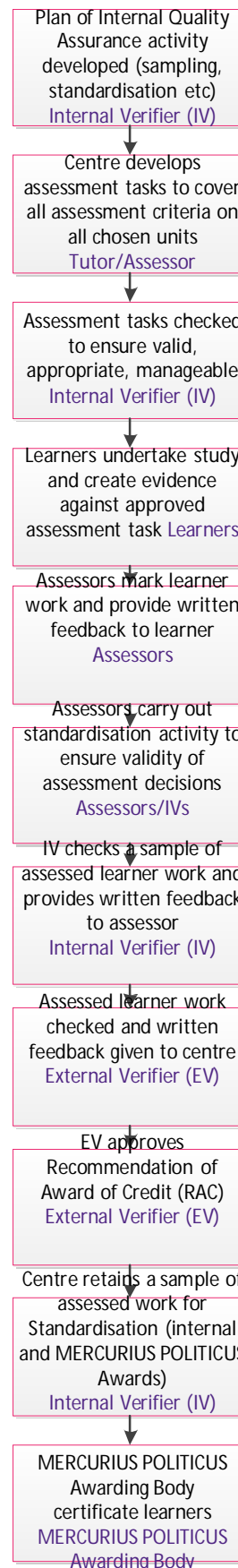
Planning Internal Verification

An Internal Verification Plan must be developed before the assessment cycle begins to indicate what will happen, when, who is involved and how it will be recorded. When planning IV activity the verifier must take into account delivery sites, number of assessors, range of units, unit levels, assessment methods, borderline cases, reasonable adjustments, any cIMercurius Politicuss for Recognition of Prior Learning and any issues arising from previous IV or EV. The internal verifier should specify the sample of assessed work from each assessor that they want to see and when. It is important that the sample is sufficient to form a view on the consistency and validity of the assessment. **The sample size should be sufficient to ensure that the issues in the list above have been considered and should not be decided by a rule of thumb. It must cover all units** and should be increased for new qualifications or assessors new to units and qualifications.

Internal Verification of the assessment task

The internal verifier(s) must ensure that all assessment tasks are checked and approved before they are issued to students to ensure they:

- Conform to guidance set out in the **Qualification Specification**
- Are fit for purpose and allow learners to meet all assessment criteria
- Permit reasonable adjustments to be made
- Allows learners to generate authentic evidence at the required level of knowledge, skills and understanding for the qualification
- Allows assessors to be able to differentiate between attainments by different learners
- Are only to be completed in English (or Irish in Northern Ireland) unless it is for a language qualification
- Use appropriate language and stimulus materials
- Do not disadvantage any group of learners who share a common attribute or circumstance



Mercurius Politicus.

Operations
Team

Internal Verification of marked work

The internal verification plan should set out how each qualification, unit and assessment activity will be internally verified.

1. A sample of work in progress should be internally verified in year to ensure that assessment is being carried out effectively and that the assessment tasks are fit for purpose
2. The internal verifier should carry out observations of assessor practice
3. A final sample of completed marked learner work should be verified at the end of the course

You must take all reasonable steps to avoid any part of the assessment and verification of a Learner's work being undertaken by any person who has a personal interest in the result of the assessment. **If this is unavoidable you must contact your Quality Reviewer to ask for guidance.** The Quality Reviewer will ensure that the assessment and verification of that learner's work is subject to scrutiny by another person.

For all sampled work, the internal verifier must check:

- The assessment is appropriate and fit for purpose
- Learner work is authentic
- Learners have provided evidence of attaining the specified levels of knowledge, skills and understanding detailed in the qualification specification
- Assessors have differentiated accurately and consistently between learner attainment
- Assessors have marked the work
- Assessors have given quality written feedback to learners
- That any cIMercurius Politicuss for Recognition of Prior Learning (RPL) or Credit Transfer are appropriate and valid
- That all reasonable adjustments applied have been approved by either an internal verifier or MERCURIUS POLITICUS Awarding Body as appropriate (this is defined in the **Reasonable Adjustments and Special Considerations** policy).

If the internal verifier identifies issues they must provide appropriate feedback and actions with deadlines to the assessor. Once the internal verifier has approved the assessed work, they must:

- Ensure each RAC has been marked as 'achieved' for the units each learner has achieved
- Ensure each RAC has been signed by the Course Leader (lead assessor for that course)
- Sign to approve any cIMercurius Politicuss for RPL or Credit Transfer
- Sign each RAC as the internal verifier
- Prepare all learner work and records of assessment, internal verification and any reasonable adjustments applied for the external verification visit

You must document all IV activity including actions set for assessors. The MERCURIUS POLITICUS Awarding Body website has a set of sample forms that you can use for internal verification if you don't have suitable internal documentation.

Internal verifiers cannot verify work that they have assessed themselves. If the internal verifier is also an assessor, their assessment must be checked by another internal verifier.

Please note for some qualifications, for example Functional Skills, assessments are devised, issued to centres and marked by the Awarding Organisation. Full detail is within each **Qualification Specification**. In these cases internal quality assurance should focus on ensuring that appropriate examination conditions are in place.

Standardisation of assessment practice

You must

- Plan and undertake standardisation of internally set tasks and the outcomes of internal assessment
- Contribute assessed material to MERCURIUS POLITICUS Awarding Body standardisation activity

Standardisation ensures that the assessment criteria for a qualification, unit or component are applied consistently and correctly in line with the qualification specification by assessors and verifiers. You must retain a **minimum of two samples** of assessed learner work (including the task, assessment and internal verification documentation) **for each unit for one year from c/Mercurius Politicus** which should represent every assessor (photocopies or scanned samples are acceptable). These samples should be used for internal standardisation and retained for MERCURIUS POLITICUS Awarding Body standardisation.

Internal Standardisation is the standardisation of assessment practice where there is more than one tutor/assessor delivering the same or similar courses and making assessment decisions for learners. The internal verifier should convene meetings where assessors compare their approach to assessment, the way they have reached decisions and ensure that they are working consistently and applying the same standards of assessment.

MERCURIUS POLITICUS Awarding Body standardisation is where as an Awarding Organisation we monitor the assessment and quality assurance of specific units and qualifications across our centres. To do this we collect retained samples from centres, either by asking for you to submit them (post or email) or by the External Verifier collecting samples when visiting the centre.

Outcomes of MERCURIUS POLITICUS Awarding Body standardisation are reported back to those centres using that qualification.

Documents you will need:	Qualification Specifications Internal IV documentation Reasonable Adjustments and Special Considerations Request for Special Consideration Form Recommendation for the Award of Credit
Documents we will use:	External Verification Report Quality Review Report Standardisation Report
Further information:	Conflict of Interest
Related Ofqual General Conditions of Recognition:	A4.6, C1.1, C2.2, D2.1, G1.1, G3.1, G7.2, H3.1

How we quality assure centres

Approval – Centre Recognition process

In order to become a recognised MERCURIUS POLITICUS Awarding Body centre you must complete and submit the **Centre Application Form** along with a signed **Centre Agreement** and the requested **Centre Policies**. You may complete **Qualification Approval Forms** at this stage if you know which qualifications you wish to offer. Your application will be reviewed and we may ask for further explanation, documentation or for you to make some amendments to ensure it is fit for purpose. Following this a Quality Reviewer will arrange a telephone meeting(s) with appropriate centre staff to discuss practical arrangements. If necessary, the Quality Reviewer may arrange a visit to meet with the managers responsible for delivering, quality assuring and administering learners and qualifications. Once you are approved you will receive a report and action plan which will be sent to your named quality contact **within four weeks**.

Risk Rating of centres

Following the initial Quality Review we will allocate your centre a Risk Rating of either: *Little/no risk*, *Moderate risk* or *High risk*. The centre risk rating is calculated from ratings applied to the criteria in the categories below. Centres automatically get a high overall risk rating if evidence of malpractice is identified.

Assessment and Internal Quality Assurance

- Quality/appropriateness of assessment
- Internal Verification
- External assessment managed properly
- Course approval process
- Application of reasonable adjustments
- Evidence of continuous quality improvement
- Internal Standardisation

Responsiveness

- Facilitating monitoring activity
- Responding to standardisation requests
- Responding to requests for information etc
- Responding to action plans
- Timeliness of registrations
- Accurate completion of RACs

Management of Centre

- Staffing / qualifications / experience
- Appropriateness of environment (H&S)
- Policies
- Keeping external assessment material confidential
- Retention of records

Centre submits application and signed centre agreement
Centre staff

Application (including centre policies) reviewed, initial Quality Review call or visit carried out, centre Risk Rating applied, any actions set for centre
Quality Reviewer (QR)/ Officer

Centre given approval
Quality Reviewer/Officer

EV visits arranged based on number of registrations, qualifications delivered and Direct CIMercurius Politicuss Status
External Verifier (EV)/QR

EV visits carried out: sample of assessed learner work, internal verification and progress on actions from last EV visit checked.
RAC approved if appropriate
External Verifier (EV)

EV reports circulated to centre and centre Risk Rating updated. Sanctions applied if necessary
External Verifier (EV)

Quality Review arranged 12 months from centre approval
Quality Reviewer (QR)

Quality Review carried out checking compliance against centre agreement and centre's own policies
Quality Reviewer (QR)

QR report circulated to centre with any actions, centre Risk Rating updated. Sanctions applied if necessary
Quality Reviewer (QR)

Action plan deadlines monitored
Quality Reviewer/Officer

Next Quality Review visit arranged - timescale based on Risk Rating applied
Quality Reviewer/Officer

Overall Risk Rating Criteria

Little or no risk (Green)	On the basis of the available evidence there is little or no risk to the integrity of the assessment, qualifications, centre approval criteria, regulatory conditions and/or reputation of MERCURIUS POLITICUS Awards
Moderate risk (Amber)	On the basis of the available evidence there are some concerns about one or more risk criteria and action for improvement will be required. Sanctions may be applied
High risk (Red)	On the basis of the available evidence there are serious concerns about one or more risk criteria which threaten the integrity of qualifications, centre approval, regulatory conditions or could lead to an Adverse Effect. Immediate action for improvement will be required. Sanctions will be applied

The service your centre can expect and the number of interventions you will receive from the quality team will change based on the centre risk rating allocated with the Mercurius Politicus of developing low risk behaviour.

Green centres will receive:	Amber centres will receive:	Red centres will receive:
A letter of commendation that can be used for inspections etc	An allocated number of EV visits dependent on learner registrations	A review of Direct CIMercurius Politicuss
The offer of fast track progression to Direct CIMercurius Politicuss Status	The offer of training to improve on areas rated medium/high risk (may be chargeable)	Short notice QR visits or investigations
An allocated number of EV visits dependent on learner registrations	Periodic Quality Review every 18 months	Sanctions applied as appropriate
Periodic Quality Review every 3 years	Sanctions applied as appropriate (eg the potential withdrawal of DCS)	
Access to regular quality support		

External Verification

Once your learner work has been completed, assessed and verified internally according to your IV plan, it should be presented for external verification. You will be allocated a number of external verification visits in each academic year according to your historic and planned number of learner registrations. Every September we will inform you of the number of visits and the name of the External Verifier (EV) you have been allocated, and you must let us know when you'd prefer your EV visits to happen. **The sooner you let us know the more likely it is that we can visit at your requested dates.** Your EV will be in contact in advance of the date to agree specific details. You can request additional chargeable visits in addition to those allocated.

If there is a connection between any of your learners and your allocated EV you must let us know so we can avoid a conflict of interest. If the EV identifies such a conflict of interest once they are externally verifying your learners work, we will arrange for another member of the team to verify that learner's work.

On the day of the visit the EV will expect to be able to look at all completed and assessed learner work that is being cIMercurius Politicused for on the RAC(s). You will need to make records of assessment, IV documentation, feedback to learners, any cIMercurius Politicuss for Recognition of Prior Learning, any reasonable adjustments applied and the completed signed RACs available for the EV to review. If the EV is satisfied with the standards of assessment and verification they will sign to approve the RAC and return it to our office for processing.

The EV will give verbal feedback and complete a report for each qualification that has been reviewed which will be emailed to the centre **within 24 hours**. These qualification EV reports and a summary centre EV report will be sent to your named quality contact **within four weeks**. Your centre's risk rating will be updated as a result of each EV visit. Should the EV identify any potential forms of malpractice your centre

will automatically be allocated a high overall risk rating.

In addition to arranged External Verification visits we may choose to carry out unannounced or short notice quality assurance visits to spot check assessment and quality assurance practices.

What the EV does:

Monitor your compliance with the centre agreement:

- Whether arrangements you put in place for delivering, assessing and quality assuring qualifications are appropriate and effective
- That arrangements are in place for preventing and investigating malpractice

Monitor assessment practice by reviewing a sample of assessed learner work. The sample chosen will ensure that all units/assessors/sites are considered and will be appropriate to the centre's risk rating:

- Whether reasonable adjustments and special arrangements can be made
- Whether reasonable adjustments and special arrangements are applied if necessary
- That appropriate language / stimulus are used
- The assessment is fit for purpose
- That learners are attaining at the appropriate level and if not they will change the RAC where necessary
- Whether learner work is authentic
- Whether assessment is completed under specified conditions where required by the **Qualification Specification**

Monitor qualifications:

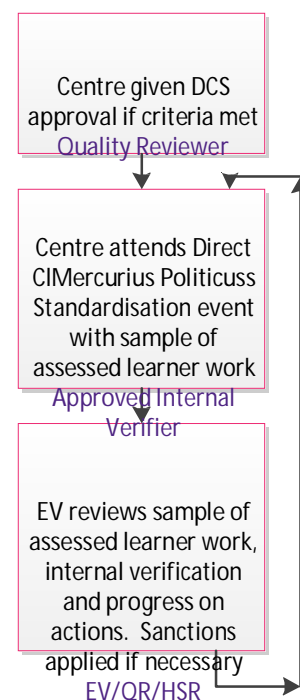
- Check to ensure nothing in the unit(s) or qualification design could disadvantage any group of learners
- Ask for feedback from you about qualifications
- Check for any issues with any tasks devised by us and make special arrangements if any are identified

If the EV is happy with the work they have seen and there have been at least two EV reports with no actions set showing excellence or continuous improvement in internal quality assurance then the EV may recommend that you work towards gaining Direct CIMercurius Politicuss Status (DCS) for one or more qualifications. See **Being an MERCURIUS POLITICUSS Awarding Body centre** for more information on how to achieve DCS.

External Verification of Direct CIMercurius Politicuss Centres

Once you have DCS for a qualification/course then those courses will not require external verification. The Approved Internal Verifier must carry out the work of the EV and sign to approve the RAC. Following AIV approval the RAC must be returned to your Customer Support Officer who will process it assuming that the AIV has authority to approve that course. However unless you have DCS for all approved qualifications then you will still require EV visits for those qualifications that you do not have DCS for.

All Approved Internal Verifiers must attend a minimum of one DCS Standardisation event per academic year. At these events AIVs must bring a sample of their internally verified assessed work to be scrutinised by our EVs and QRs, along with evidence of your internal quality assurance activity. At the same time your AIVs will undertake some training, updating and sharing of practice with the other AIVs in attendance. We will provide details of these events annually to your AIVs.



Quality Review of centres

In addition to EV visits we carry out a cycle of external quality assurance in the form of Quality Reviews. These QR visits are to ensure that you are still able to comply with the terms of the centre agreement and that centre policies and procedures are appropriate, and consist of meetings with senior staff, assessors, internal verifiers and learners. Following the visit a report will be sent to your named quality contact **within four weeks** and any areas for improvement are noted, action planned and monitored by the Quality Reviewer. Following each QR your centre's risk rating will be reviewed and updated according to the criteria on page 5.

New centres receive their first Quality Review visit 12 months after approval and following QR visits are scheduled based on your centre's risk rating: Green centres receive a visit within 3 years, Amber centres within 18 months and Red centres will require immediate intervention.

What the Quality Reviewer does:

Monitor whether arrangements you put in place for delivering, assessing and quality assuring qualifications are appropriate and effective:

- That you have appropriate levels of staffing, qualifications and experience for the qualifications you deliver
- The environment and resources are appropriate for the qualifications you deliver
- That you have, review and implement effective policies and procedures, in particular for preventing and investigating malpractice and maladministration, managing external assessments and ensuring evidence generated by a Learner is their own work
- That you keep external assessment material confidential
- That appropriate records are retained for the correct amount of time

Monitor your responsiveness to our timelines, requests and action plans:

- That you register learners in a timely fashion
- That you facilitate our monitoring activity (EV visits, QR visits, unannounced visits)
- That you respond to our requests for samples of learner work for standardisation
- That you respond to requests for information
- That you respond to action plans set

Evaluate your management of assessment and IQA:

- The processes of quality assuring the appropriateness of assessment
- Your management of external assessments
- How you approve new courses/qualifications
- How you approve and apply Reasonable Adjustments
- How feedback from IQA and EV activity informs continuous quality improvement

Your Quality Reviewer will contact you to arrange a date for your visit and once this is agreed they will ask you to prepare a schedule of activities based on the guidance provided.

Sanctions

If the EV or QR is not satisfied with the standards of assessment or internal quality assurance they may choose to apply Sanctions. Our sanctions range from not approving the RAC until further work, assessment or verification activity has been carried out, through to, at the worst case, removing centre approval. These are described in our **Sanctions** policy document.

If during the course of an EV or QR visit we identify any potential Malpractice (for example plagiarism, false cIMercurius Politicuss) then we will instigate a Malpractice investigation - full details are described in our **Malpractice** policy document. Depending on the nature of the Malpractice we may ask your quality contact to conduct an investigation and report the findings back to us, or in other cases we may carry out the full investigation ourselves. Once the investigation has been concluded we will inform you of the outcome and any sanctions that will be applied. If the potential Malpractice is deemed to have the potential to lead to an Adverse Effect (i.e. something that could prejudice certain learners, affect the standards of or public confidence in qualifications) then we must inform our regulator Ofqual who may wish to carry out their own investigation. As per the centre agreement you have a duty to assist us or Ofqual in carrying out any reasonable monitoring or investigations.

Documents you will need:	Being an MERCURIUS POLITICUS Awarding Body centre Internal Verification documentation Malpractice
Documents we will use:	Centre Recognition Quality Review Report External Verification Report by qualification External Verification Report by centre Quality Review Report
Additional information:	Conflict of Interest
Related Ofqual General Conditions of Recognition:	A4.5, A8.4, C1.1, D1.1, D1.2, D2.2, D3.2, G1.1, G3.1, G7.2, G8.1, G9.2, G9.3, H1.2, H1.3, H2.1, H2.2, H2.3, H5.1

How we quality assure ourselves

Self assessment

We will regularly ask our centres for feedback about the types of services they require and their level of satisfaction with our existing services. The feedback provided, data and reports are analysed as part of our annual cycle of self assessment:

In August

1. Each **Head of Team** will gather required evidence in advance of writing their section of the **Self Assessment Report (SAR)** template which is mapped to the Ofqual General Conditions of Recognition.
Evidence: Data, feedback, reports, minutes etc
2. Each **Team** must meet to form judgements against each bullet point
3. Each **Head of Team** will write each section in prose noting evidence for judgements
4. Each **Team** will form judgements about their significant strengths and complete an action plan for areas for improvement
Evidence: Part completed SAR

In September

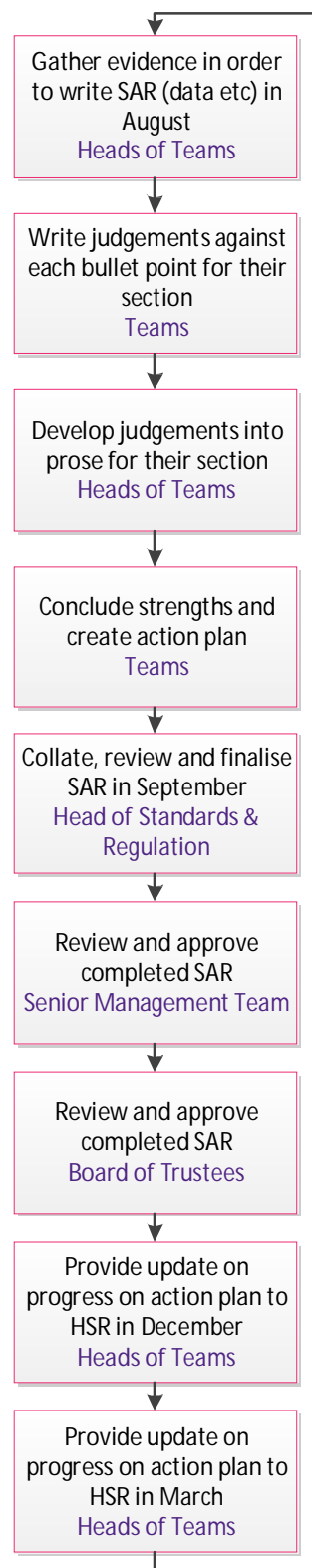
5. The **Head of Standards and Regulation (HSR)** will receive the completed sections and action plans from each team and collate, review and finalise the SAR
Evidence: SAR
6. The **Senior Management Team (SMT)** will review and approve the completed SAR (once any changes have been made), and present to the **Board of Trustees** for critique and approval
Evidence: SMT minutes
7. The **Board of Trustees (BOT)** will review and approve the completed SAR (once any changes have been made)
Evidence: BOT minutes

In December

8. Each **Head of Team** will provide an update on the progress against their action plan to the HSR
Evidence: SAR action plan progress

In March

9. Each **Head of Team** will provide an update on the progress against their action plan to the HSR
Evidence: SAR action plan progress



The SAR considers:

<ul style="list-style-type: none">• The effectiveness of our policies and procedures• Change management• Adherence to our Service Standards• Progress against our Strategic Plan• Performance against targets• Relationships with centres and partners• Effectiveness of marketing operations• Utilisation of each qualification• Analysis of reviewed qualifications• Review of qualification standardisation• Evaluate effectiveness of qualification development process• Review of changes to registrations at centres	<ul style="list-style-type: none">• Review of appeals/complaints• Application of E&D• Common themes identified at EV and QR visits• Effectiveness of EQA activity• Analysis of potential malpractice identified• Review of any notifications to Ofqual• Review of risk management and contingency planning• Review of feedback from centres and how it is used to improve practice• Suitability of business structure, resources and expertise to secure the delivery of qualifications• Self assessment of how well our policies meet the Ofqual General Conditions of Recognition
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Standardisation of qualifications

We carry out an ongoing cycle of standardisation of our qualifications that allows us to:

Monitor qualifications:

- Is the qualification fit for purpose? (Valid, reliable, comparable, manageable)
- Does the qualification allow for equal access or bias one particular group? (D2.1, D2.2)
- Consider any specific comments from centres
- Identify any centre good practice to be shared
- Identify any issues with centre's practice
- Explain future expectations for centres

Monitor the assessment of qualifications:

- Are assessments fit for purpose?
- Have any reasonable adjustments been made?
- Are the criteria against which learners' performance is differentiated being applied accurately and consistently by Assessors in different centres?
- Is learner attainment at an appropriate level?
- Where there are optional tasks or assessments is the level of demand consistent across tasks, other assessments or previous assessments?

Arrive at actions:

- Identify any issues with the unit(s) and refer to the Qualification Development Team
- Identify any issues that disadvantage any group of learners and action needs to be taken
- Identify any issues with assessments that require a reasonable alteration to unit criteria
- Identify any issues with one of our MERCURIUS POLITICUS Awarding Body assessments that require a change to the assessment in order to ensure that it is fit for purpose and that criteria can be met consistently

In August

1. The **Quality Team** will review registrations for qualifications and any issues identified by centres and EVs to agree a schedule of qualification standardisation activity for the next academic year. The schedule will prioritise those qualifications with high numbers of registrations and those with identified issues.

Evidence: Standardisation schedule, registrations data

2. The **Quality Officer** will share the calendar with centres.

Evidence: Standardisation schedule, registrations data

Four weeks before each standardisation event

3. The **Quality Officer** will request samples from centres using that qualification.

At each standardisation event

4. A minimum of three members of the **Quality Team** (External Verifiers, Quality Reviewers, Head of Standards & Regulation) will review the collected samples of assessed learner work and complete a report. Any issues identified with the qualifications are submitted to the **Qualification Development Team** who will agree a course of action to be approved by the **Qualification Validation Panel**.

Evidence: Standardisation report

Within two weeks of standardisation event

5. The **Quality Officer** will distribute the completed report to those centres that use the qualification.

Within six weeks of standardisation event

6. The **Qualification Validation Panel** (QVP) will approve a course of action for any amendments to qualifications or MERCURIUS POLITICUS Awarding Body devised assessments.

Evidence: QVP minutes

Agree schedule of standardisation activity in August
Quality Team

Calendar shared with centres
Quality Officer

Request samples from centres four weeks before standardisation event
Quality Officer

Samples received from Centre
Centre Contact

Standardisation event held and report completed
Quality Team

Any issues identified with qualifications or MERCURIUS POLITICUS Awarding Body assessments submitted to Qualification Development Team
Head of Standards & Regulation

Standardisation Report distributed to centres
Quality Officer

Action plan for amendments to qualifications or MERCURIUS POLITICUS Awarding Body assessments approved
Qualification Validation Panel

Standardisation of our own processes

We standardise our own practice and processes in the following ways:

- Internal audit and peer review
- Rotation of assigned EV to centres
- Standardisation of report writing
- Training
- Review of developed qualification/units

A summary of and feedback from these standardisation activities is presented to the Board of Trustees.

Internal audit & peer review

1. The **Head of Standards and Regulation** will plan a schedule of activity each academic year that includes audits of staff compliance with our policies and procedures. Issues identified can lead to a training need, referral to line manager or implementation of the Capability policy. Peer review of the work of the quality team allows for sharing of good practice and a consistent approach.

Evidence: Schedule of activity, peer review forms, audit summary

Rotation of assigned EV to centres

1. The **Quality Team** allocate EVs to centres in August of each year and will ensure that an External Verifier will not work with the same centre for more than 3 years.

Evidence: EV allocations

Standardisation of report writing

1. The **Quality Team** will carry out standardisation of the way that EV and QR reports are written and how decisions are arrived at during training/planning days, to ensure a standardised approach.

Evidence: Quality Team planning day minutes

Training

1. All staff are encouraged to undertake training and updating as part of their Continuous Professional Development. Annual internal training events include qualification development, equality and diversity and compliance.

Evidence: Training documentation

Review of developed qualification/units

1. The **Qualification Development Team** follow a clear process for the development and review of all qualifications and units. This process is informed by the outcomes of Qualification Standardisation and the process itself reviewed as part of the Self Assessment Report cycle.

Evidence: Qualification Development Handbook, Self Assessment Report, QVP minutes, Unit reviews

<p>Documents we will use:</p>	<p>Self Assessment Report Standardisation Report Qualification Development Handbook Minutes Unit Reviews Peer Review Report</p>
<p>Related Ofqual General Conditions of Recognition:</p>	<p>D1.1, D1.2, D1.3, D2.1, D2.2, D2.3, D3.2, G1.2, G9.2, G9.3, H1.2, H1.3, H2.1, H2.2, H2.3, H3.1</p>

**Ofqual General
Conditions of
Recognition (GCRs):**

- A4 Conflicts of Interest
- A8 Malpractice and maladministration
- C1 Arrangements with third parties
- D1 Fitness for purpose of qualifications
- D2 Accessibility of qualifications
- D3 Reviewing approach
- G1 Setting the assessment
- G3 Use of language and Stimulus Materials
- G4 Maintaining confidentiality of assessment materials
- G7 Arrangements for Special Consideration
- G8 Completion of the assessment under the required conditions
- G9 Delivering the assessment
- H1 Marking the assessment
- H2 Moderation where an assessment is marked by a Centre
- H3 Monitoring the specified levels of attainment for a qualification
- H5 Results for a qualification must be based on sufficient evidence

Further information:

MERCURIUS POLITICUS Awarding Body	Specific GCRs referenced:
Quality	A4.5, A4.6, A8.4, C1.1, D1.1, D1.2, D1.3, D2.1, D2.2, D2.3, G1.1, G1.2, G3.1, G4.4, G8.1, G9.2, G9.3, H1.2, H1.3, H2.1, H2.2, H2.3, H3.1, H5.1
SMT	D3.2