



IAF AEAR | AUTOMOTIVE EDUCATION | FIRST EDITION

ASSESSMENT & OPERATIONS MANUAL

Controlled procedures for application, educational assessment, independent decisions, monitoring and learner protection.

PREPARED FOR IAF ADOPTION

Version 1.0 | 16 September 2026

Institutional accreditation | Programme accreditation
Learning offering recognition | English master text

International Automotive Federation

iaf.com

Document control

Item	Controlled value
Scheme	IAF Automotive Education Accreditation & Recognition (IAF AEAR)
Document	Assessment & Operations Manual
Edition / version	First Edition Version 1.0
Preparation date	16 September 2026
Status	Prepared for IAF adoption. Effective use requires recorded adoption and an approved implementation notice.
Owner	International Automotive Federation
Master language	English
Hierarchy	Standard including all internal directives, profiles and specialty schedules; implementation notice within those rules; Operations Manual; Applicant Guide; controlled forms and records.
Scope of assurance	Voluntary sectoral educational assurance with precise public scope; no automatic public authorization, degree equivalence or universal acceptance.
Distribution	Controlled master. Completed applications, learner samples and case records require appropriate confidentiality.

Purpose and use

Controlled procedures for application, educational assessment, independent decisions, monitoring and learner protection.

This is one coordinated eight-document set. The main Standard contains all institution categories, learning profiles, automotive specialties and internal scheme directives. Separate operational and writable documents implement the same requirements. This prepared edition does not itself grant accreditation or recognition.

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Operating model and accountability

This manual implements the Standard through sixteen procedures and eighty actions. The framework is requirement-based; it uses no compensating merit score. Each institution, programme and learning offering retains a distinct scope decision even when reviews are combined.

Role	Responsibility and limit
Scheme Governing Body	Adopts the framework, protects independence, appoints competent panels and oversees fairness, resources and international development; does not direct individual findings.
Secretariat and case manager	Verifies identity, membership, route and completeness; manages scope IDs, evidence access, deadlines, notices and the public register.
Assessment team	At least three members covering education quality, relevant automotive practice and assessment/protection needs. Selects samples, visits, verifies outcomes and reports findings.
Technical specialty adviser	Provides bounded expert input where the team lacks a narrow specialty; declares conflicts and works within assigned competence. Advice is retained, not silently substituted for team judgment.
Decision Panel	Three independent members; at least two agree. Reviews complete evidence and rule application, grants or remands with reasons and never trades findings against prestige.
Appeal Panel	Three members independent of the original case, including suitable technical and due-process competence; determines permitted grounds and reasoned remedies.
Safeguarding and integrity officers	Receive protected concerns and oversee urgent protective action independently of implicated staff or applicants.
Information and register custodian	Controls access, privacy, record integrity, retention, status history, credential data fields and recovery.
Institution accountable leader	Authorizes truthful scope, resources, safety, learner protection and corrective action; cannot preselect evidence or coach interviewees to mislead reviewers.
Programme leader and assessors	Own curriculum mapping, authentic individual assessment, moderation, outcome evidence, industry relevance and continuing improvement.

Case states and transition controls

State	Required basis / next action
Enquiry / received	Information or application received; no accreditation status.
Eligible for assessment	Identity, route, authority, scope and sufficient dossier established.
Candidate	Separate developmental decision with milestones and explicit non-accredited wording.
Under assessment	Independent team, approved samples, visits and evidence review.
Report and response	Findings issued with fifteen-calendar-day factual-response opportunity.
Decision pending	Complete independent decision pack; no assumed positive result.
Accredited / recognized	Authorized full grant, exact scope, effective dates and monitoring.
Conditional IA/PA	One to three permitted Minor findings; 90-day closure; no more than twelve-month term.
On hold / deferred / refused	Reasoned material gap or ineligibility; remedy and appeal as applicable.
Suspended / reduced / withdrawn / expired	Current public status, history, learner protection and remedy route.

Required transition record

Every change records case and scope IDs, previous/new status, actor, date, source decision, reason, affected learners and required communication. A submitted renewal or appeal never silently extends an expiry date. Public claims must follow the controlled record.

OP01 Adopt and prepare the scheme

Owner: Governing Body | Trigger: Before live applications

Standard linkage: sections 01, 18; IR08

OP01.1 Action 1

Approve the Standard, eight-document set, internal directives, governance roles and implementation notice. Define the responsible IAF entity and contact routes without implying powers not held.

OP01.2 Action 2

Appoint competent assessment, decision and appeal pools. Publish conflict, learner-protection, information and public-claim rules; verify separation from membership administration and commercial relationships.

OP01.3 Action 3

Pilot university-level, applied/vocational and technical-secondary settings with more than one delivery context. Compare scope interpretation, assessor judgments, workload, access and learner protection.

OP01.4 Action 4

Exercise synthetic cases: mixed-site institution, separate programmes, new programme without graduates, unsafe workshop, false outcome evidence, AI-assisted assessment, conflict, appeal, suspension and registry recovery.

OP01.5 Action 5

Close critical launch defects, document adoption and publish effective dates and transition rules. Preserve the prepared edition separately from the subsequently adopted release.

Required output

Adoption, pilots, appointments, tested workflows and controlled launch.

Time rule: No live grant before readiness approval.

OP02 Triage route and applicant identity

Owner: Secretariat | Trigger: Enquiry or application received

Standard linkage: sections 01, 13; IR01

OP02.1 Action 1

Acknowledge receipt within five business days, assign a case ID and establish the authorized legal entity, institution category and membership reference.

OP02.2 Action 2

Identify IA, PA or LR and distinguish any developmental-candidate request. Explain that institutional assurance does not automatically cover programmes and that short-course recognition is not degree accreditation.

OP02.3 Action 3

Verify operating/award authority and material restrictions in the relevant jurisdictions through credible source documents and appropriate confirmation. Record uncertainty and escalate disputed authority.

OP02.4 Action 4

Create a separate scope record for each programme/offering and site/mode/language combination. Map parent, awarding and partner responsibilities; do not combine different exit awards under one vague title.

OP02.5 Action 5

Record route acceptance, correction request or reasoned ineligibility. A receipt or accepted application has no public accreditation status.

Required output

Identity, route, authority review and initial scope schedule.

Time rule: Target initial screening within fifteen business days of a complete application.

OP03 Check history and self-evaluation readiness

Owner: Case manager | Trigger: Route is accepted

Standard linkage: sections 05, 12, 13, 15; IR01-IR02

OP03.1 Action 1

Confirm the minimum history: one operating academic year for IA, a graduating cohort for PA, or one assessed delivery for LR. Obtain actual dates and outcomes, not planned milestones alone.

OP03.2 Action 2

Check the self-evaluation against all common controls, O01-O10, the selected profile, relevant specialties and delivery directives. Require exact evidence IDs, source locations and candid disclosure of gaps.

OP03.3 Action 3

Reconcile programme, curriculum and learner registers. Distinguish measured results, implemented controls and proposed improvements. Keep originals and every submitted revision.

OP03.4 Action 4

Send one consolidated completeness request, normally allowing twenty calendar days. Clarification may supply existing evidence but cannot invent a completed cohort or retroactively change assessment rules.

OP03.5 Action 5

Determine whether to proceed to assessment, hold for evidence or consider candidacy. Record the scope and history basis for each separate programme.

Required output

Readiness review, complete self-evaluation and controlled evidence manifest.

Time rule: No final grant with unverified minimum history.

OP04 Select team and manage conflicts

Owner: Integrity officer | Trigger: A review is ready for assignment

Standard linkage: sections 13, 18; IR06

OP04.1 Action 1

Select at least three assessors with combined education, automotive and assessment/protection competence. Add a specialist where a material discipline or delivery method is not covered.

OP04.2 Action 2

Collect declarations of employment, consultancy, financial, family, supervisory and adversarial interests. Apply the 36-month recent-work rule and consider significant older interests.

OP04.3 Action 3

Document recusal or justified acceptance before evidence access. Allow the applicant to identify a substantiated conflict; do not allow it to choose reviewers or veto technical scrutiny.

OP04.4 Action 4

Brief the team on the exact scope, safeguarding, confidential interviews, sampling, safe observations and profile-scaled judgments. Agree responsibility for each control and specialty.

OP04.5 Action 5

Recheck interests when roles or evidence change. Replace an affected assessor and independently review work already performed; preserve the original audit trail.

Required output

Competence matrix, declarations, appointment, briefing and access permissions.

Time rule: Complete before case access or contact.

OP05 Approve scope, samples and visit plan

Owner: Assessment lead | Trigger: Team appointed and dossier complete

Standard linkage: sections 07-11, 13; IR03-IR04

OP05.1 Action 1

Create the site/mode/language strata and inspect every initial IA/PA delivery site physically. Arrange competent local assessor support where needed and use the same controlled review method.

OP05.2 Action 2

Select learner-work samples from the complete register: all if $N \leq 10$, otherwise $\max(10, \text{ceiling}(0.10 \times N))$ per programme and distinct site/mode stratum. Increase for material languages, assessors or risk.

OP05.3 Action 3

Include relevant high, borderline, failed/reassessed, prior-learning, transferred and adjusted assessments. Select at least six learners or all if fewer for private interviews; sample at least three hosts or all if fewer.

OP05.4 Action 4

Plan observation of at least two assessment events, including practical work where claimed; review design and aggregate attainment for every exit outcome. Define access to original records and adverse cases.

OP05.5 Action 5

Issue a visit plan with tasks, people, time, safety requirements and contingency arrangements. The applicant may correct logistics but shall not replace the independent sample with showcase cases.

Required output

Approved scope, sampling rationale, selected records and visit schedule.

Time rule: Before any site review; changes require recorded reasons.

OP06 Review institutional systems and learner protection

Owner: Assessment team | Trigger: Desk and site assessment begins

Standard linkage: sections 01-04, 06-07, 12, 17

OP06.1 Action 1

Verify governance decisions, operating authority, continuity resources and real responsibility across the named automotive unit and partners.

OP06.2 Action 2

Trace admissions, progression, support, accessibility, complaints and appeals through actual anonymized cases. Check that reporting routes are independent and understood by learners.

OP06.3 Action 3

Inspect workshops, emergency arrangements, staff competence, supervision and equipment access against the actual timetable and learner numbers.

OP06.4 Action 4

For minors and vulnerable learners, verify safeguarding roles, age-appropriate task limits, host checks, safe contact and escalation. Do not request unnecessary identifiable sensitive records.

OP06.5 Action 5

Compare institutional claims with staff and learner interviews and outcome data. Record findings with exact facts and scope; escalate urgent harm immediately.

Required output

Institutional findings, safe-site observations and protection evidence.

Time rule: Urgent risks immediately; routine findings in the controlled report.

OP07 Verify programme and specialty outcomes

Owner: Assessment team | Trigger: Programme scope is under review

Standard linkage: sections 05, 08, 11-12; IR02

OP07.1 Action 1

Trace each O01-O10 outcome, profile dimension and selected specialty requirement from curriculum to assessment and actual individual evidence.

OP07.2 Action 2

Review the rigor of tasks and pass rules. Verify individual contribution in group work through observation, questioning or defense. Check that safety-critical failures cannot be compensated by other marks.

OP07.3 Action 3

Examine sampled learner portfolios, including failures and reassessments, and reconcile results to the cohort register. Check two observed occasions for each safety-critical practical competence.

OP07.4 Action 4

For engineering, advanced or research profiles, examine design alternatives, analysis, validation, original contribution and independent examination at the claimed complexity. For technician routes verify complete safe job performance.

OP07.5 Action 5

Identify unsupported outcomes, inconsistent assessors or site differences and expand the sample. Report each programme separately even where parent controls and teaching resources are shared.

Required output

Outcome traceability, individual-work verification and separate programme findings.

Time rule: No programme recommendation based only on institutional reputation.

OP08 Evaluate delivery partners, digital modes and AI

Owner: Assessment team | Trigger: Conditional delivery arrangements apply

Standard linkage: sections 09-10; IR03

OP08.1 Action 1

Review host and partner contracts, actual delivery, local responsibilities, learner rights and scope claims. Establish who teaches, assesses, issues the award and holds records.

OP08.2 Action 2

Verify workplace assessment directly and check that hours or supervisor signatures are not used as the sole evidence of competence. Inspect dangerous-task limits and equivalent fallback placements.

OP08.3 Action 3

For online/blended delivery, test access, support, identity, outage recovery and physical-skill evidence. Challenge simulations that measure only recognition or navigation rather than the claimed physical skill.

OP08.4 Action 4

Review AI permissions, disclosure and task authenticity. Examine at least one relevant assessment example or controlled scenario; do not treat automated detection as sole proof of misconduct.

OP08.5 Action 5

Record applicability and any unmet conditions. NA applies only when the trigger is genuinely absent; a missing partner record or unavailable practical assessment remains a finding.

Required output

Partner, mode-equivalence, digital integrity and AI assessment records.

Time rule: Before a decision covering the affected mode or partner.

OP09 Classify findings and review factual responses

Owner: Assessment lead | Trigger: Evidence collection ends

Standard linkage: sections 14; IR05-IR06

OP09.1 Action 1

Write each finding against an exact requirement, with observed fact, evidence, scope and impact. Classify Met, Minor, Major, Critical, Pending or justified NA using the common definitions.

OP09.2 Action 2

Discuss immediate protection without negotiating away findings. A severe learner risk, fraud or lost lawful basis is Critical; an unproven mandatory outcome is Major, not an isolated administrative issue.

OP09.3 Action 3

Provide the draft report and fifteen calendar days for factual response. Record supporting sources for any disputed fact and preserve the initial report.

OP09.4 Action 4

Correct substantiated factual errors and assess new evidence within the controlled scope. Do not accept a newly written policy as proof of past implementation or silently change a cohort's pass rules.

OP09.5 Action 5

Finalize findings and recommendations for each route and programme. Provide the decision panel with all contrary evidence and unresolved team differences.

Required output

Final report, response log and separate reasoned recommendations.

Time rule: 15-calendar-day factual-response opportunity before adverse final decision.

OP10 Verify corrective action and reassess gaps

Owner: Assessment team / verifier | Trigger: Applicant submits remedies

Standard linkage: sections 08, 12, 14-15; IR05

OP10.1 Action 1

Require a causal explanation, affected learner/scope analysis, immediate containment, corrective action, responsible owner and completion date.

OP10.2 Action 2

Check whether changes affect other cohorts, sites or programmes. Where assessments were invalid, require a fair remedy for affected learners and reliable reassessment, not only a new template.

OP10.3 Action 3

Verify implementation and effectiveness through original records, additional learner evidence or a focused revisit appropriate to risk.

OP10.4 Action 4

Reclassify only when evidence supports it, preserving the original finding and closure basis. Major or Critical findings cannot be relabeled Minor to obtain conditional status.

OP10.5 Action 5

For conditional IA/PA, verify closure within 90 calendar days. If unresolved at that deadline, initiate suspension review and learner protection; no automatic time extension is permitted.

Required output

Verified closure or continued finding, learner remedy and revised recommendation.

Time rule: Conditional closure: 90 calendar days from effective decision.

OP11 Make an independent scope decision

Owner: Decision Panel | Trigger: Complete decision pack received

Standard linkage: sections 14-16; IR05-IR07

OP11.1 Action 1

Three independent members review authority, scope, history, team competence, sites, samples, outcomes, findings, response and verification. At least two must agree with the reasoned decision.

OP11.2 Action 2

Apply non-compensatory rules: all Met for full grant; only one to three isolated Minor findings for conditional IA/PA with all essential gates met; no conditional LR.

OP11.3 Action 3

Where history is insufficient but readiness credible, consider Candidate status with milestones and explicit non-accredited wording. Do not grant provisional accreditation to conceal missing outcomes.

OP11.4 Action 4

Set exact scope, effective/expiry dates, conditions, monitoring and public wording. A conditional-to-full conversion cannot extend beyond four years from the original conditional date.

OP11.5 Action 5

Issue a reasoned notice and appeal route. Remand incomplete evidence to the assessment team; panel members shall not replace missing evidence with personal confidence.

Required output

Signed separate decision, scope annex, monitoring and notice.

Time rule: Target decision within 30 calendar days of a complete pack.

OP12 Issue records and control public claims

Owner: Register custodian | Trigger: Decision authorized

Standard linkage: sections 16; IR07

OP12.1 Action 1

Assign or confirm stable institution, programme/offering, site and decision identifiers. Create versioned scope rows and link predecessor/successor records where needed.

OP12.2 Action 2

Publish the route, legal name, exact programme/unit, profile, specialties, sites, modes, languages, status and dates, including conditions and limitations.

OP12.3 Action 3

Issue the approved certificate and scope annex only after record reconciliation. Candidate records must clearly state that they are not accreditation. Test the verification link and status lookup.

OP12.4 Action 4

Check institutional websites, recruitment material and learner credential wording for automatic programme claims, retroactive graduate claims or unsupported global recognition.

OP12.5 Action 5

Archive the authorized release and use agreement. Require correction of misleading claims, normally within ten calendar days, with urgent protective action where needed.

Required output

Public register, certificate annex, mark-use agreement and claim review.

Time rule: No public active status before the independent decision effective date.

OP13 Monitor, approve changes and renew

Owner: Case manager / assessment team | Trigger: Active scope or proposed change

Standard linkage: sections 12, 14-15; IR05

OP13.1 Action 1

Receive annual reports within 30 calendar days after each anniversary. Review enrolment, outcomes, staff/resources, incidents, complaints, changes and improvement within the 60-day complete-report target.

OP13.2 Action 2

Perform the IA/PA mid-cycle review by month 24 and at least one physical follow-up during the four-year term. Adjust scope sampling for risk without omitting known adverse information.

OP13.3 Action 3

Assess proposed new sites, partners, modes, profiles, awarding bodies or materially different curricula before implementation under the IAF claim. Record unchanged, extended, reduced or new scope separately.

OP13.4 Action 4

Receive renewal at least six months before expiry and conduct a proportionate new review against the applicable adopted edition. Pending renewal does not extend validity automatically.

OP13.5 Action 5

Update status and dates through a new independent decision. Maintain learner protection and truthful public wording during any gap, expiry or transition.

Required output

Monitoring, change decisions, renewal report and current register.

Time rule: Urgent material events within 48 hours; other material notifications within 30 calendar days.

OP14 Handle appeals, complaints and disclosures

Owner: Appeal Panel / integrity officer | Trigger: A concern or appeal arrives

Standard linkage: sections 17; IR06

OP14.1 Action 1

Acknowledge within five business days. Identify whether the case is an accreditation appeal, learner complaint, protected disclosure or urgent safety report; preserve relevant evidence.

OP14.2 Action 2

For an appeal filed within 30 calendar days, appoint three independent members with no prior case role. Check grounds and conflicts; do not use the original decision makers as the appeal panel.

OP14.3 Action 3

Provide a meaningful response opportunity and proportionate evidence access while protecting learners and third parties. Decide independently whether an urgent suspension should remain in effect.

OP14.4 Action 4

Determine by at least two votes whether to uphold, correct, remand or order reassessment. Explain reasons and remedies; no appeal can waive a mandatory outcome or safety requirement.

OP14.5 Action 5

Verify remedy completion, update public records if needed and review systemic causes. Explain delay beyond the 45-calendar-day complete-file target and give a revised date.

Required output

Independent determination, protected investigation and verified remedy.

Time rule: Accreditation appeal: 30 calendar days; determination target: 45 calendar days.

OP15 Suspend, withdraw or close with learner protection

Owner: Decision Panel / safeguarding officer | Trigger: Material loss of assurance or closure

Standard linkage: sections 15-17

OP15.1 Action 1

Triage the seriousness and affected scope. For urgent harm, apply documented interim protection and prompt notice without waiting for ordinary annual review.

OP15.2 Action 2

Preserve evidence and give the institution the material facts and normally fifteen calendar days to respond before a final adverse decision. Separate systemic from site-specific consequences.

OP15.3 Action 3

Use independent decision for suspension, scope reduction, withdrawal or reinstatement, with appeal rights. Do not transfer a status automatically to a purchaser, successor or partner.

OP15.4 Action 4

Activate teach-out, safe completion, transfer and records-custodian arrangements for each affected cohort. Confirm actual receiving-institution agreements before promising credit or placement.

OP15.5 Action 5

Update status, certificate use and historical records promptly. Retain the decision pack and material evidence for six years after scope expiry/closure, subject to documented holds.

Required output

Status decision, learner protection, public correction and retained history.

Time rule: Serious harm, fraud or loss of lawful authority reported within 48 hours.

OP16 Review the scheme and build credible acceptance

Owner: Governing Body | Trigger: Annual review and four-year external evaluation

Standard linkage: sections 18; IR08

OP16.1 Action 1

Analyze consistency of findings, appeals, assessor conflicts, learner-protection events, sampling expansion, regional access and actual administrative burden.

OP16.2 Action 2

Gather independent learner, institution, employer and technical feedback. Test whether graduate evidence is credible across profiles rather than comparing providers by prestige or unsupported league tables.

OP16.3 Action 3

Review new automotive technologies, AI education, remote laboratories, micro-credentials, climate disruption and legacy-fleet needs. Validate changes before prospective publication.

OP16.4 Action 4

Commission independent external evaluation at least every four years and publish a proportionate findings/action summary. Track whether promised improvements are effective.

OP16.5 Action 5

Develop scoped acceptance agreements, interoperable verification and transparent evidence of actual use. State ambition honestly; no global title, partnership logo or untested memorandum creates universal recognition.

Required output

Annual scheme review, external challenge, controlled revision and verified acceptance evidence.

Time rule: Annual review; independent external scheme evaluation at least every four years.

Assessment and sampling work instructions

Use IR04 before selecting work. For each programme and distinct site/mode stratum set N to latest-cohort completers. Deep-review all if $N \leq 10$, otherwise at least $\max(10, \text{ceiling}(0.10 \times N))$. Then add cases needed for material languages, assessors, prior learning, adjustment, failure and reassessment. Record why the sample is adequate and expand if evidence conflicts.

Review activity	Minimum implementation
All outcomes	Check design and aggregate attainment for every mandatory outcome; do not sample away an entire required outcome.
Learner portfolios	Team-selected sample; trace originals, individual contribution, pass rules and moderation.
Observation	At least two assessment events, one practical where physical competence is claimed; apply safe observation and consent.
Learner voice	At least six learners or all if fewer, privately and without coaching; include relevant variation.
Hosts	At least three or all if fewer; increase for risk and different tasks/conditions.
Sites	Physical initial IA/PA inspection at every proposed delivery site; common protocol for local specialists.
Expansion	Broaden across affected cohorts, sites and assessors when outcomes, safety or authenticity are doubtful.

Visit scheduling

The team determines duration from scope, travel, sample and observation needs; a fixed one-day audit is not assumed. A typical single-site review may use an opening session, governance/resources review, learner-work and teaching observations, private interviews, team synthesis and factual closing. Schedule enough time for independent record examination, not just presentations.

Decision matrix and controlled exceptions

Decision	Mandatory basis	Term / follow-up
Full IA	All applicable requirements Met; at least one completed academic operating year.	4 years; annual monitoring; mid-cycle review by month 24.
Full PA	All applicable requirements Met; at least one graduating cohort with verified outcomes.	4 years; annual monitoring; mid-cycle review by month 24.
LR recognition	All applicable focused-offering requirements Met; at least one completed assessed delivery.	2 years; annual monitoring; no conditional LR.
Conditional IA/PA	Only 1-3 isolated Minor findings; all safety, integrity, lawful basis and mandatory outcomes Met.	Close within 90 calendar days; maximum 12-month term; no conditional renewal.
Candidate	Eligible developmental scope with credible readiness and milestones, but insufficient operating history.	Up to 36 months; one evidenced renewal up to 36 months; not accredited.
Defer / refuse	Material evidence pending, Major/Critical finding or eligibility failure.	No grant; reasoned remedy or refusal and appeal route.
Suspend / reduce / withdraw	Existing grant basis materially compromised; proportionate scope and learner protection.	Reasoned action, public status update, response and appeal.

No compensating total score

The scheme uses requirement-specific findings. Do not average Met and unmet requirements, count policies as competence, or accept strong resources as compensation for unproven learner outcomes. All selected specialties and mandatory profile outcomes apply to the claimed scope. A reasoned NA is permitted only when the trigger is absent; missing evidence remains Pending.

Conditional findings and critical requirements

A Critical-gate label in the checklist identifies a protection, integrity or assurance gate. Any actual gap affecting that gate prevents a grant. A purely clerical discrepancy may be Minor only where the assessor demonstrates that the gate itself remains fully satisfied; the finding must identify the separate record defect and its limited impact. Major and Critical findings cannot be relabeled to qualify for conditional status.

Decision pack and certificate release

Component	Panel acceptance question
Authority	Are lawful operation, award authority, membership administration and the exact automotive boundary verified?
History	Does IA/PA/LR meet its history requirement, or is Candidate status the only supported route?
Scope	Are all programmes, sites, modes, languages, profiles and specialty claims individually defined?
Team	Are competence and conflicts resolved, with independent assessment and decision roles?
Evidence	Do samples, observations and original records support every mandatory outcome and safeguard?
Findings	Are all full-grant requirements Met, or are conditional findings truly isolated and permitted?
Response	Was factual response considered, with an intact version trail and fair remedies?
Release	Are exact dates, public wording, conditions, monitoring, appeal and learner-protection arrangements correct?

Certificate content

The authorized certificate identifies the IAF entity, legal provider, route, decision ID, exact scope annex, effective/expiry dates, conditions, verification route and authorized signatory. It states the sectoral boundary and avoids automatic degree equivalence or individual licensing claims. The toolkit supplies a scope-record template, not a pre-granted certificate.

Controlled registers

Register	Minimum content
R01 Scheme authority	Edition, approval, effective date, implementation notice, responsible entity, roles and transition.
R02 Institution and membership	Legal identity, unit, category, authority, membership, contacts, jurisdiction and restrictions.
R03 Programme and scope	Programme ID, title, local award, profile, specialties, curriculum, site, mode, language and cohort boundary.
R04 Evidence and self-evaluation	Source ID, title, version, date, location, owner, control/outcome link, confidentiality and original access.
R05 Learner cohort and sample	Pseudonymous ID, cohort, site/mode, outcome results, selection reason, assessor and limitations.
R06 Staff and resources	Competence, assignment, currency, workload, equipment, maintenance, capacity and access.
R07 Hosts and partners	Entity, agreement, task/award responsibility, safeguarding, visits, findings and scope limits.
R08 Team and conflicts	Case role, competence, interests, 36-month review, recusal, replacement and access.
R09 Visit and observations	Plan, site, date, assessor, activity, source, sample, deviations, protection and release.
R10 Findings and remedies	Requirement, fact, severity, scope, cause, learner effect, action, deadline and verified closure.
R11 Decision and conditions	Panel, independence, quorum, reasons, dissent, scope, dates, conditions, notice and appeal.
R12 Monitoring and change	Anniversary, report, risk, mid-cycle, site visit, proposed change, decision and renewal.
R13 Appeals and protected concerns	Case type, ground, receipt, urgent triage, confidentiality, reviewer, evidence, determination and remedy.
R14 Public records and marks	Current route/status, scope rows, verification, approved wording, corrections and history.
R15 Continuity and information	Teach-out, records custodian, access, incidents, holds, recovery, retention and deletion.
R16 Scheme improvement and acceptance	Pilots, calibration, fairness indicators, external review, revisions and actual acceptance agreements.

Difficult cases and consistent responses

Strong written exams, unsafe practical work

Treat the unsafe or unproven mandatory task as a gate failure. Verify the affected learner population, require safe reassessment and examine assessment design and supervision. Do not improve the institutional average or rename the task optional after the fact.

A remote course claims workshop competence

Ask what directly demonstrates physical skill, safe handling and individual workmanship. A screen exercise may support knowledge but not the claimed physical outcome. Require supervised practical evidence, a genuinely validated equivalent or a narrower truthful scope.

A new overseas franchise

Treat it as a material scope change requiring prior approval, authority checks, partner responsibility and site assessment. A parent certificate does not follow the brand automatically. Protect enrolled learners while the new scope is reviewed.

An AI misconduct allegation

Preserve work, task instructions and permitted-use rules. A detection score is a lead, not proof. Use a proportionate individual explanation or demonstration, human review and a response opportunity, including consideration of accessibility and language effects.

Conditional findings remain open at day 90

Initiate suspension review and protective action. Do not wait silently until the twelve-month maximum expiry or renew the same conditions. Any full-status conversion requires verified closure and a new decision within the original four-year maximum end date.

First implementation and acceptance development

Adopt and pilot the framework before public launch. Confirm actual platform functions, contact routes, assessor availability, privacy arrangements and safe physical review capacity. The existing membership-first process can support case administration while technical judgments remain independent.

Milestone	Evidence of completion
Governance	Approved edition, implementation notice, panels, conflict rules and learner-protection authority.
Pilots	University, applied/vocational and secondary cases; documented calibration and corrected weaknesses.
Operations	Tested applications, self-evaluation, checklist, findings, decisions, appeal and monitoring.
Records	Stable IDs, separate scopes, restricted evidence, current public status, export and recovery.
Acceptance	Specific documented partner/employer uses and limitations; no unsubstantiated universal-recognition claims.
Improvement	Annual scheme review, four-year external evaluation and prospective version control.