

Action Plan

This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 27 January 2023.



Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided (Failure to include a description of your intended methodology AND details of the evidence that you will provide could result in your Action Plan not being approved by ACG.)	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation ²
1. Principle 9	The provider-devised data protection policy for provider 1 has not been updated to take account of current legislation surrounding the Data Protection Act 2018 and UK General Data Protection Regulation (GDPR).	Low	<p>BIIAB reviews all Centre policies on an annual basis.</p> <p>BIIAB will send an email to all Centres including a reminder as to the requirement to have a data protection policy that meets current legislation.</p> <p>BIIAB will ensure that at the next 'Generic' External Quality Assurer (EQA) standardisation, EQAs are made aware of what they should see in a Provider's data protection policy, evidenced by the PowerPoint presentation from the event. An exercise will also be given to attendees in identifying common errors in policies.</p>	<p>31 December 2023</p> <p>Extension given until 29 March 2024</p>	

¹ If the awarding body believes it has completed the action prior to approval of the Action Plan by ACG, insert the considered date of completion. The date will be subject to review depending on the quality of the evidence supplied.

² Issues can only be closed out once the evidence to complete the action has been quality reviewed and the Action Plan has been approved by ACG. The period of time between ACG approval and the date the Issue is closed out is not necessarily reflective of any quality issues.

Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided (Failure to include a description of your intended methodology AND details of the evidence that you will provide could result in your Action Plan not being approved by ACG.)	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation ²
			<p>BIIAB will further undertake a sample review of Centres delivering SQA accredited qualifications to ensure that up to date data protection policies are in place.</p> <p>Evidence to be provided to SQA Accreditation:</p> <ul style="list-style-type: none"> • Evidence from EQA standardisation • Communication to Centres • Outcomes (including actions) from BIIAB Centre sampling review. 		
2. Principle 9	The Accreditation Auditor was unable to confirm that provider 3 had complied with the requirements of risk assessment for its venues as stipulated in <i>BIIAB Qualifications Centre Handbook November (2020, V4)</i> .	Low	<p>Centres are required to have a risk assessment in place for each venue they use.</p> <p>BIIAB will send an email to all Centres including a reminder as to the requirement to have a risk assessment in place for all venues.</p> <p>We will remind EQAs to check risk assessments for all Centres and monitor this through EQA reports.</p> <p>BIIAB will further undertake a sample review of Centres delivering SQA accredited qualifications to ensure that risk assessments are in place.</p>	31 December 2023	22/12/2023

Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided (Failure to include a description of your intended methodology AND details of the evidence that you will provide could result in your Action Plan not being approved by ACG.)	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation ²
			Evidence to be provided to SQA Accreditation: <ul style="list-style-type: none"> • Reminder sent to EQAs • Communication to Centres • Outcomes (including actions) from BIIAB Centre sampling review. 		
3. Principle 12	Provider 3 had not complied with BIIAB <i>Remote Invigilation: Minimum Requirements</i> (V1.21-22) for online examinations, invigilated remotely.	Medium	BIIAB will sample each Centre to confirm correct practice. BIIAB (and not the Centre) will select the sample. Actions arising from the activity will be added to Provider action plans. BIIAB will also encourage providers to use BIIAB's online Proctoring platform, where possible. Where a Centre is found to not meet BIIAB's remote invigilation requirements, approval for this method of assessment may be withdrawn. Evidence to be provided to SQA Accreditation: <ul style="list-style-type: none"> • Communication to Centres 	31 December 2023 Extension given until 29 March 2024	12/04/2023

Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided (Failure to include a description of your intended methodology AND details of the evidence that you will provide could result in your Action Plan not being approved by ACG.)	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation ²
			<ul style="list-style-type: none"> Summary Report of sample of Centres, including any actions raised as a result – Not compliant 		
4. Principle 13	Neither providers 1 nor 3 has complied with the <i>Training Delivery and Assessment Strategy for Scottish Personal Licence Holder Qualifications</i> (October 2019 — Approved by ACG on 11 December 2019).	Medium	<p>BIIAB to undertake a one-off audit of all Scottish Certificate for Personal Licence Holders (SCPLH) Centres against the requirements of this qualification. Any actions arising from this audit will be added to the Centres' action plans.</p> <p>Evidence to be provided to SQA Accreditation:</p> <ul style="list-style-type: none"> Summary Report of audit of SCPLH Centres, including any actions raised as a result. 	31 December 2023 Extension given until 29 March 2024	
5. Principle 18	The provider-devised malpractice and maladministration policy (reviewed June 2022) for provider 3 does not comply with Regulatory Principle 18 as it does not clearly define processes to	Low	<p>BIIAB reviews all Centre policies on an annual basis.</p> <p>BIIAB will send an email to all Centres delivering SQA Accredited provision, reminding of the need to ensure that Malpractice and Maladministration policies must outline processes used to deal with both malpractice and maladministration.</p>	31 December 2023 Extension given until 29 March 2024	

Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided (Failure to include a description of your intended methodology AND details of the evidence that you will provide could result in your Action Plan not being approved by ACG.)	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation ²
	deal with maladministration.		<p>BIIAB will ensure that at the next 'Generic' EQA standardisation, EQAs are made aware of what they should see in a Centre's malpractice and maladministration policy, evidenced by the PowerPoint presentation from the event. An exercise will also be given to attendees in identifying common errors in policies.</p> <p>BIIAB will further undertake a sample review from Centres delivering SQA-Accredited provision to confirm that Malpractice and maladministration policies reflect the expectations of BIIAB and those of SQA Accreditation.</p> <p>Evidence to be provided to SQA Accreditation:</p> <ul style="list-style-type: none"> • Copy of EQA Standardisation PowerPoint • Copy of email to Centres • Outcomes (including actions) from BIIAB Centre sampling review. Document 9 not compliant 		

Action Plan approved by ACG on Wednesday 08 March 2023