

Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 12 September 2018.

Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided <small>(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.)</small>	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation ²
1. Principle 10	The Provider does not meet CMI's requirements for its staff in relation to CPD (Continuous Professional Development). The Provider could not provide the Accreditation Auditor with CPD records or a personal development plan for all of its staff.	Low	CMI conduct annual centre visit reports using a standardized template (see attached CVR) Section 4c of the report asks how CPD is offered and recorded with stated examples. This is reviewed during the QA assessments. Section 6e asks Is there adequate provision of physical resources to support learning and assessment including sufficient competent human resources.	30 th Nov 2018	10/1/2019

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.

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			<p>The requirement for providers to record and retain this information will be reiterated via a CMI targeted communication to providers and evidence will be reviewed during CVR. For any providers that cannot show CPD records or a personal development plan for all of its staff a level 1 sanction (see CVR page 10) will be placed until a evidence is reviewed by CMI.</p> <p>A copy of the communication issued to providers will be provided as evidence.</p>		
2. Principle 12	The provider’s complaints procedure makes reference to another awarding body, and lacks a mechanism to record how complaints are closed.	Low	Section 7k of the report asks if there is a policy in place for Learner appeals and complaints and Learner/staff malpractice?	30 th Nov 2018	10/1/2019

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			<p>CMI will conduct a desk top review of provider policies that are uploaded onto the CMI HUB system by providers to ensure they are fit for purpose.</p> <p>The requirement for providers to have a complaints policy/procedure that is fit for purpose will be reiterated via a CMI targeted communication to providers and evidence will be reviewed during CVR.</p> <p>A copy of the communication issued to providers will be provided as evidence.</p> <p>For any providers that cannot show a complaints policy/procedure that is fit for purpose a level 1 sanction (see CVR page 10) will be placed until evidence is reviewed by CMI.</p>		

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3. Principle 13	The provider could not provide the Accreditation Auditor with a copy of its appeals policy or provide evidence to show that candidates had been made aware of how, when, and to whom they can appeal.	medium	<p>Section 7k of the report asks if there is a policy in place for Learner appeals and complaints and Learner/staff malpractice?</p> <p>All policies and procedures for CMI are located at https://www.managers.org.uk/education-providers/policies-and-procedures</p> <p>Providers are encouraged to review and where appropriate amend and adopt policies following CMI guidance.</p> <p>Providers are also asked to where possible provide copies of policies and procedures and upload them onto the CMI HUB portal.</p> <p>CMI can conduct a desk top review of provider policies to ensure they</p>	30 th Nov 2018	10/1/2019

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			<p>are fit for purpose. For any providers that have not submitted an appeals policy a level 1 sanction (see CVR page 10) will be placed until a copy of the policy is reviewed by CMI.</p> <p>A targeted communication can be sent to all providers reiterating the requirements of both policies and this will be audited during CMI Centre visits.</p> <p>A copy of the communication issued to providers will be provided as evidence.</p>		

Action Plan approved by ACG on 19 September 2018

For and on behalf of CMI

Print name

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Signature

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Designation

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Date

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For and on behalf of SQA Accreditation:

Print name

LAURA WALKERDINE

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Signature

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Designation

SENIOR REGULATION MANAGER

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Date

20 SEPTEMBER 2018

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