



Action Plan

This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 8 July 2022.

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 12 and 13	The invigilation records at provider 2 appeared to show that some learners had not had their identity checked. Staff at provider 2 commented that this was likely to be an administrative error. IMI must ensure that providers record identity checks accurately and ensure that these records are checked at external quality assurance visits.	Low	Communication to centres to clarify the requirements that all details are checked. Communication to EV to ensure invigilation records are checked. <i>Evidence – communication to centres and EV</i>	30 Sept 2022	23/9/2022

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
2. Principle 16	The complaints policy at provider 1 had no escalation route to the awarding body or to SQA Accreditation as the regulator.	Low	Communication to centres about the requirements. Communication to EV to ensure complaints policies are checked. <i>Evidence – communication to centres and EV.</i>	30 Sept 2022	23/9/2022
3. Principle 18	The malpractice policies at provider 1 did not appropriately reference the escalation of all suspected and actual cases of malpractice and maladministration to the awarding body.	Medium	Communication to centres about the requirements. Communication to EV to ensure malpractice policies are checked. <i>Evidence – communication to centres and EV.</i>	30 Sept 2022	23/9/2022

Action Plan approved by ACG on Wednesday 29 June 2022