

## Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to [regulation@sqa.org.uk](mailto:regulation@sqa.org.uk) by 4 May 2018.

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 <sup>1</sup>	Date Issue closed out by SQA Accreditation <sup>2</sup>
1. Principle 5	While undertaking the provider monitoring visits for PAA\Q-SET, it was noted by the Accreditation Auditor that an updated version of <i>Centre Portfolio QP2.5/01/18</i> was available to the providers. However, PAA\Q-SET had not uploaded this updated document to SharePoint.	Low	<p>PAA\Q-SET will ensure that the SVQ Centre Portfolio has a larger title on the front page of the document.</p> <p>PAA\Q-SET, will ensure that the current version of the centre portfolio, <i>Centre Portfolio QP2.5/01/18</i>, is available on SharePoint.</p> <p>Centres which offer both SVQs and RQF qualifications will be advised by email to ensure that they using the correct document and this will be reiterated by the External Verifier at centre visits.</p>	30 September 2018	28/6/2018

<sup>1</sup> 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.

<sup>2</sup> 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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2. Principle 10	<p>Provider 2 advised the Accreditation Auditor that no discussion had taken place with PAA\Q-SET's External Verifier over the current sampling rate in the provider-devised <i>Internal Verification Sampling Procedure</i>.</p> <p>Therefore, the Accreditation Auditor was unable to see evidence that PAA\Q-SET's External Verifier had agreed the current internal verification sampling rate used by Provider 2 as specified by the <i>PAA\Q-SET Guide for Centres (revised August 2014)</i>.</p>	Medium	<p>The EV Visit Report will be amended to evidence that sampling rates and strategies have been discussed and agreed with the External Verifier.</p> <p>PAA\Q-SET, will ensure that the revised EV Visit Report will be available on SharePoint.</p>	30 June 2018	28/6/2018

Action Plan approved by ACG on 13 June 2018