



## 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 17 August 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 <sup>1</sup>	Date Issue closed out by SQA Accreditation <sup>2</sup>
1. Principle 5	Related to Issues 3, 4 and 5 below, both providers seemed unsure which policies were needed by them and what these should contain, especially in regard to complaints, appeals and malpractice.	Medium	<b>Action:</b> New Supplement 1B drafted to remind centres of policies. Emailed to centres and external verifiers	31 August 2023	31/8/2023

<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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			along with updated supplements 3, 7 & 8 Updated supplement 3 reminds centre contacts of their responsibilities. Signatory response from centres acknowledging receipt and action to be returned to REHIS  <b>Evidence to be submitted to</b>		

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			<b>SQA Accreditation:</b> Supplement 1B generated and uploaded Updated Supplements 3,7 and 8 updated and uploaded to SharePoint – July 2023 Copy of email submitted to SQA Accreditation regulation on 24 July. Follow up email sent to centres on 25 July and submitted to		

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			SQA Accreditation regulation by email on 27 July. Doc001 for signature by providers to acknowledge receipt of all supplements and action required attached to email and also uploaded to SharePoint		
2. Principles 14 and 5	The Accreditation Auditor cannot find any information in the <i>REHIS Scottish Certificate for Personal Licence Holders (SCPLH) Regulations, December 2021 or Supplement 12, Additional Support</i> , with regard to the awarding body processes for special considerations.	Low	<b>Action:</b> REHIS SCPLH Regulations updated & reworded to	31 August 2023	31/8/2023

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			reflect special considerations and Supplement 12 referenced.  Centres emailed (as before) updated regulations and updated Supplement 12  <b>Evidence to be submitted to SQA Accreditation:</b> Updated regulations July 2023 and updated		

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			Supplement 12 uploaded onto SharePoint		
3. Principle 16	The Complaints Policy at provider 2 did not reference escalation to REHIS or to SQA Accreditation as the regulator.	Low	<p><b>Action:</b> Updated Supplement 8 emailed to all centres to re-iterate what policy should contain</p> <p>Random sampling of centres complaints policies to be established Amend database to reflect when</p>	31 August 2023	31/8/2023

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			policies are requested from centres and action if required. By 31August 2023  <b>Evidence to be submitted to SQA Accreditation:</b> Updated Supplement 8 Uploaded to SharePoint. Emails (as before) outlined that internal policies should reflect REHIS		

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			supplement wording and that policies should be available for audit/ QA visits by REHIS and SQA Accreditation		
4. Principle 17	Providers 1 and 2 did not have an Appeals Policy or procedure for REHIS qualifications.	Low	<b>Action:</b> Supplement 1B issued to centres reminding them of required policy/procedure along with Updated Supplement 7	31 August 2023	31/8/2023



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			<b>Evidence to be submitted to SQA Accreditation:</b> Supplement 1B uploaded to SharePoint along with updated Supplement 7		
5. Principle 18	The Malpractice Policies at providers 1 and 2 did not reference that all suspected and actual cases of malpractice and maladministration will be notified immediately to REHIS.	Low	Wording on centre policy must reference that suspected and actual cases of malpractice and maladministration will be notified	31 August 2023	31/8/2023

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			immediately to REHIS. Random sampling of malpractice/maladministration policies to be established. Amend database to reflect when policies are requested from centres and action if required. 31 August 2023  <b>Supplement 3 updated and issued to centres</b>		

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			<b>and uploaded to SQA Accreditation SharePoint Emails (as before) sent to centres outlining action required</b>		

Action Plan approved by ACG on Wednesday 09 August 2023