



Action Plan

This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 27 November 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
1. Principle 9 and Principle 13	<p>The Data Protection Policy at provider 1 was not current in its legislative references.</p> <p>It is sufficient for provider policies to reference data protection legislation generically as such. However, where specific data protection legislation is mentioned in provider policies, the correct current references must be used: UK GDPR and the Data Protection Act (2018).</p>	Low	<p>Action: Approved centres/providers to be emailed guidance about wording of GDPR policies.</p> <p>Evidence to be submitted to SQA Accreditation: Transcript of wording (to be emailed to centres/providers) uploaded to SharePoint under Principle 9 and Principle 13. Copy of email to providers.</p>	1 December 2024	20/11/2024

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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	A recent quality assurance report at the provider indicated that the data protection policy had been checked and was satisfactory but this was not the case.		<p>Action: Training Advisers emailed transcript of wording for GDPR policies to ensure they have the correct information to carry out further QA visits/ audits.</p> <p>Evidence to be submitted to SQA Accreditation: Copy of transcript emailed to Training Advisers.</p>		
2. Principle 14 and Principle 13	<p>The Equality and Diversity Policy at provider 2 listed the protected characteristics but missed out pregnancy/maternity and sex (gender).</p> <p>It is sufficient for provider policies to reference equality legislation generically as such or to reference the Equality Act (2010) specifically. Where protected characteristics are listed in provider policies, these must be listed accurately.</p>	Low	<p>Action: Approved centres/providers to be emailed guidance about wording of Equality and Diversity policies.</p> <p>Evidence to be submitted to SQA Accreditation: Transcript of wording to be emailed to centres/providers by 1 December 2024 uploaded to SharePoint under Principle 14 and Principle 13. Copy of email to providers.</p>	1 December 2024	20/11/2024

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	The Accreditation Auditor noted that the REHIS quality assurance report does not include a check on the Equality and Diversity policies at providers.		<p>Action: REHIS Quality assurance checklist amended to include checking of Equality and Diversity policies</p> <p>Evidence to be submitted to SQA Accreditation: the amended REHIS quality assurance checklist uploaded to SharePoint Principle 10.</p>		
3. Principle 14 and Principle 5 and Principle 13	In provider 1, there had been several occasions where staff were asked to act as a ‘reader’ for candidates in the examination. Staff commented that they did not contact REHIS for advice as adjustments were made on the day as required and staff were not aware that any authorisation was needed for any kind of reasonable adjustments, as indicated in <i>Supplement 12</i> . Therefore, the reasonable adjustments were not reported, nor were they recorded on candidate paperwork.	Medium	<p>Action: Regulations amended to reflect centre/provider obligations in terms of contacting the awarding body regarding reasonable adjustments and special considerations.</p> <p>Updated template pre-course instructions for candidates referencing reasonable adjustments and special considerations.</p>	1 December 2024	20/11/2024

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	<p>Although the <i>Supplement</i> requests that contact is made with the awarding body for guidance and refers to an authorisation request, the information does not make it clear that making contact is a requirement for providers and does not give enough detail on the process or procedure for reporting, recording or authorising reasonable adjustments or special considerations.</p>		<p>Evidence to be submitted to SQA Accreditation: Amended Regulations uploaded to SharePoint Principle 5.</p> <p>Updated template pre course instructions for candidates uploaded to SharePoint Principle 7.</p> <p>Action: Supplement 12 amended with precise wording for approved centres/providers -they must contact REHIS office for approval of any reasonable adjustments or special considerations. Each case will be dealt with on a case-by-case basis and recorded.</p>		

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	<p>The Accreditation Auditor noted that the REHIS quality assurance report does not include a check on Reasonable Adjustments and Special Considerations at providers.</p>		<p>Evidence to be submitted to SQA Accreditation: Updated Supplement 12 uploaded to SharePoint – Principles 13 and 14.</p> <p>Action: Quality assurance checklist amended to include reasonable adjustments and special considerations.</p> <p>Evidence to be submitted to SQA Accreditation: the amended REHIS quality assurance checklist uploaded to SharePoint Principle 10.</p>		

Action Plan approved by ACG on 20/11/2024