

Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 26 November 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 ¹	Date Issue closed out by SQA Accreditation ²
1. Principle 10	Provider 1 explained to the Accreditation Auditor that they did not hold a copy of the appropriate assessor/quality assurance qualification certificates for one of their Assessor/Quality Assurers. This was because the qualification certificates had been destroyed in a house fire approximately 15 years earlier. The	High	As agreed with SQA Accreditation the centre, alongside SFEDI Awards, is mapping evidence previously seen with evidence of competency during visits against the Assessor standard. The evidence that will be supplied will be copies of the mapping and also copies of previous EQA reports demonstrating the level of performance of the Assessor within the centre demonstrating competency within the Assessor role	18/01/2019 Extension to 31 March 2019	Closed Out 29/03/2019

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.

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
	<p>Assessor/Quality Assurer stated that they could not request duplicate qualification certificates, as they were unable to remember the awarding body who certificated these qualifications.</p> <p>Additionally, Provider 1 did not hold a CPD record for its other Assessor, therefore Provider 1 could not demonstrate how all members of the assessment team had completed their development activities.</p>		<p>CPD records received and reviewed since the time of this provider monitoring activity. CPD records from the centre will be submitted as evidence (04/04/2019)</p>		

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 10	SFEDI Awards have not complied with their own procedure, as Provider 1 had not received an external monitoring visit from SFEDI Awards from June 2015 until May 2017, an approximate timescale of 23 months.	Medium	As discussed with SQA Accreditation, centre interaction on multiple occasions through remote and in person meetings. Last visit September 2018 The visit structure will be changing in 2019 where there will be two automatic 'touch points' for monitoring activities in June and December with all centres regardless of whether they have been active or not in the previous 6-months being contacted in June and centres who have been active in the previous 6-months being contacted in December. The policies for this have now been created and we are going live with this new approach from January 2019 Copies of the policies and notification letters will be submitted as evidence in conjunction with the notifications being sent to the centre network	30/01/2019 Extension to 31 March 2019	Closed Out 29/03/2019
3. Principle 6 & 12	The provider-devised complaints procedure shown to the Accreditation Auditor on the day of the provider monitoring visit, did not inform candidates of the	Low	We have requested that the changes are made to the published complaints process with the centre with an up to date policy submitted for checking by the SFEDI Awards team for sign off. Copy of the updated policy will be submitted as evidence	18/01/2019 Extension to 31 March 2019 Extension to 30 August 2019	Closed out 10/09/2019

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
	circumstances under which they have the right to escalate complaints to the qualifications regulator, SQA Accreditation.				

Action Plan approved by ACG on 9 January 2019