

Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 15 June 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 5	During preparation for the provider 1 monitoring visit, the accreditation auditors identified that on 4 October 2017 the awarding body website did not reference the most up-to-date assessment strategy for the SVQ in Civil Engineering at SCQF level 6.	Medium	<p>Action:</p> <ul style="list-style-type: none"> ▪ Review web pages to verify that the Assessment Strategy ‘Consolidated Assessment Strategy for Construction and the Built Environment’ which was approved by Accreditation Co-ordination Group (ACG) on 3 May 2017 has been placed on all relevant subject pages. ▪ Additionally, continue to monitor subject pages as per Business As Usual process that all of the information, attached documents and/or web links are current and correct. <p>Evidence: E1.1 Spreadsheet link to specific web pages.</p>	30 September 2018	19/9/2018

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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2. Principle 10	During the review of providers the accreditation auditors looked at current curricula vitae and continuous professional development records of to confirm competence and expertise of assessors and internal verifiers. The accreditation auditors established that there were examples of candidate portfolios where the candidate's evidence of competence had been internally verified and signed off by an individual who was neither qualified, nor working towards a qualification, as an Internal Verifier as specified in the <i>'Consolidated Assessment Strategy for Construction the Built</i>	High	Action: <ul style="list-style-type: none"> ▪ High level email communication to be issued to all providers outlining the findings of this issue, and reiterating their responsibility to ensure IVs are suitably competent and are correctly carrying out their duties. ▪ Communications will be issued to all EVs, highlighting the specific issues which were picked up by the Regulator during regulatory activity. ▪ Communications will be added to the QA Appointee website and EV induction documentation will be updated and added as a point of clarification. ▪ All standardisation meetings will have the issues added as a priority agenda point. ▪ Spot checks of EV reports will be conducted over a range of qualification areas and issues over the next verification session. ▪ We will provide context to SQA Accreditation on our sampling procedures. 	28 February 2019	28 February 2019

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	<p><i>Environment'</i> approved by ACG on 3 May 2017.</p> <p>A further three out of seven providers sampled were also unable to demonstrate to the Accreditation Auditor how all their assessment teams met the requirements of the appropriate assessment strategy.</p> <p>Two of these three providers had undergone recent qualification verification activity but the incomplete records were not highlighted by the Qualification Verifier for providers 6 and 7, and provider 4 had not received a qualification verification visit since 30 April 2016.</p>		<p>Evidence:</p> <p>E2.1 Copy of email issued to all providers -- 30 September 2018</p> <p>E2.2 Agendas and minutes for SEV and standardisation meetings – 30 September 2018</p> <p>E2.3 Copy of mailing which will be issued to EVs – 30 September 2018</p> <p>E2.4 Copy of QA appointee website communications – 30 September 2018</p> <p>E2.5 Copy of updated EV induction documentation – 30 September 2018</p> <p>E2.6 Report containing analysis of spot checks of EV reports – 28 February 2019</p> <p>E2.7 “Guidance on Qualification Verification for Verifiers” document outlining our planning and rationale for sampling. This document is being reviewed at the moment and is expected to be available by the end of September 2018.</p>		

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3. Principle 10	<p>The accreditation auditors reviewed a sample of candidate portfolios. It was established that the candidate portfolios did not contain any evidence of direct observations of activities by assessors, yet had been signed off by the Qualification Verifier.</p> <p>Further discussions with the provider established that the Assessor observations were retained separately from the portfolios and it was confirmed by provider 1 that the Qualification Verifier had not reviewed this evidence as part of their verification sample.</p>	High	<p>Action:</p> <ul style="list-style-type: none"> ▪ High level email communication to be issued to all providers outlining the findings of this issue, and reiterating their responsibility to ensure IVs are suitably competent and are correctly carrying out their duties. ▪ Communications will be issued to all EVs, highlighting the specific issues which were picked up by the Regulator during regulatory activity. ▪ Communications will be added to the QA Appointee website and EV induction documentation will be updated and added as a point of clarification. ▪ All standardisation meetings will have the issues added as a priority agenda point. ▪ Spot checks of EV reports will be conducted over a range of qualification areas and issues over the next verification session. ▪ We will provide context to SQA Accreditation on our sampling procedures. 	28 February 2019	28 February 2019

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			<p>Evidence:</p> <p>E3.1 Copy of email issued to all providers -- 30 September 2018</p> <p>E3.2 Agendas and minutes for SEV and standardisation meetings – 30 September 2018</p> <p>E3.3 Copy of mailing which will be issued to EVs – 30 September 2018</p> <p>E3.4 Copy of QA appointee website communications – 30 September 2018</p> <p>E3.5 Copy of updated EV induction documentation – 30 September 2018</p> <p>E3.6 Report containing analysis of spot checks of EV reports – 28 February 2019</p> <p>E3.7 “Guidance on Qualification Verification for Verifiers” document outlining our planning and rationale for sampling. This document is being reviewed at the moment and is expected to be available by the end of September 2018.</p>		
4. Principle 10	During the monitoring visit, to provider 4 it was apparent that some	Medium	<p>Action:</p> <ul style="list-style-type: none"> ▪ High level email communication to be issued to all providers outlining the findings of this issue, 	28 February 2019	28 February 2019

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	<p>confusion existed over the understanding of the differences between the role of the Expert Witness and that of an Assessor.</p> <p>The Accreditation Auditor was supplied with a sample of candidate workbooks. In reviewing these, the Accreditation Auditor noted that the Expert Witness had completed the Assessor feedback section and given this feedback to the candidates and signed off the evidence under the section for the Assessor signature. The Assessor then signed off the evidence under the section for the Internal Verifier signature.</p> <p>The Accreditation Auditors also observed at provider 2 that the</p>		<p>and reiterating their responsibility to ensure IVs are suitably competent and are correctly carrying out their duties.</p> <ul style="list-style-type: none"> ▪ Communications will be issued to all EVs, highlighting the specific issues which were picked up by the Regulator during regulatory activity. ▪ Communications will be added to the QA Appointee website and EV induction documentation will be updated and added as a point of clarification. ▪ All standardisation meetings will have the issues added as a priority agenda point. ▪ Spot checks of EV reports will be conducted over a range of qualification areas and issues over the next verification session. ▪ We will provide context to SQA Accreditation on our sampling procedures. <p>Evidence:</p> <p>E4.1 Copy of email issued to all providers -- 30 September 2018</p> <p>E4.2 Agendas and minutes for SEV and standardisation meetings – 30 September 2018</p> <p>E4.3 Copy of mailing which will be issued to EVs – 30 September 2018</p>		

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	<p>'witness testimony' documentation contained in candidate portfolios did not include all the details of the expert witness, for example their full name, job role or the date the 'witness testimony' was signed off.</p>		<p>E4.4 Copy of QA appointee website communications – 30 September 2018 E4.5 Copy of updated EV induction documentation – 30 September 2018 E4.6 Report containing analysis of spot checks of EV reports – 28 February 2019 E4.7 "Guidance on Qualification Verification for Verifiers" document outlining our planning and rationale for sampling. This document is being reviewed at the moment and is expected to be available by the end of September 2018.</p>		
5. Principle 12	<p>During the provider monitoring visit, the accreditation auditors reviewed provider 2's complaints documentation. This included '<i>Complaints Policy (QM-2) Issue No 2</i>' and '<i>Complaints Procedure: A guide for students</i>' made available by provider 2.</p>	Low	<p>The right of the candidate to complain to SQA Accreditation is covered in SQA's Quality Assurance criterion 3.6 which states 'Candidate complaints must be handled in line with a documented complaints procedure which meets SQA requirements'.</p> <p>SQA's guidance to centres relating to criterion 3.6 states 'Candidates on regulated qualifications, also have the right to complain to SQA Accreditation, Ofqual or Qualifications Wales once they have exhausted their centre's complaints procedure and the SQA Awarding body's complaints procedure.</p>	28 February 2019	28 February 2019

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	<p>There is a lack of consistency between both documents regarding escalation in the event that the complainant is dissatisfied with the way the complaint was handled. The '<i>Complaints Policy (QM-2) Issue No 2</i>' fails to highlight escalation to the qualifications regulator, SQA Accreditation, whilst the <i>Complaints Procedure: A guide for students</i> does highlight this within the document. Provider 7 provided the Accreditation Auditor with its '<i>Student Handbook 2017-18</i>'. The section on commendations and complaints fails to highlight the right of escalation to the</p>		<p>This must be stated in centres' procedures if they deliver regulated qualifications.</p> <p>Action:</p> <ul style="list-style-type: none"> ▪ Email will be issued to all providers offering qualifications regulated by SQA Accreditation by the end of September 2018, informing them of the issues picked up during the PMV visit activity, reminding them of the QA criterion, SQA AB's guidance and the provider's responsibilities. ▪ Email will also clarify that the documents should specifically refer to escalation to SQA Accreditation, not just SQA (AB) ▪ In-depth clarification and guidance will be communicated at SEV update events in August 2018, including looking for reference to SQA Accreditation. ▪ We will continue to monitor centres' compliance against this criterion through regular systems verification visits to centres as per Business As Usual. Centres are required to amend their procedures and information to candidates if they are not complying with this 		

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	<p>qualifications regulator. The provider informed the Accreditation Auditor that their marketing department has been informed to update the text and introduce a hyperlink to the qualifications regulator within this document.</p>		<p>criterion. We will report to SQA Accreditation the outcome of the verification activity on this Issue at the end of February 2019.</p> <p>Evidence:</p> <p>E5.1 Copy of email issued to all providers -- 30 September 2018</p> <p>E5.2 Copy of agenda for Standardisation events – 30 September 2018</p> <p>E5.3 Report on outcome of verification activity on this Issue to SQA Accreditation – 28 February 2019</p>		
6. Principle 13	<p>The provider-devised <i>Learner Appeals Policy (17/11/2017)</i> and its <i>Reasonable Adjustments and Special Consideration Policy</i> at provider 3, which contain information on appeals, do not state that candidates can escalate a complaint to SQA Accreditation as the Qualifications regulator</p>	Low	<p>The right of the candidate to escalate a complaint to SQA Accreditation as the Qualifications regulator for process review, if not satisfied with the outcome of an appeal to the awarding body is covered in SQA's Quality Assurance criterion 4.8 which states 'Internal assessment appeals must be handled in line with a documented procedure which meets SQA requirements'.</p> <p>SQA's guidance to centres relating to criterion 4.8 states 'Centres offering regulated qualifications must inform candidates that they have additional stages of appeal.....to SQA Accreditation, Ofqual or Qualifications Wales if they feel that the</p>	28 February 2019	28 February 2019

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	for process review, if not satisfied with the outcome of an appeal to the awarding body.		<p>centre and/or SQA (awarding body) has not dealt with the appeal appropriately’.</p> <p>Action:</p> <ul style="list-style-type: none"> ▪ Email will be issued to all providers offering qualifications regulated by SQA Accreditation by the end of September 2018, informing them of the issues picked up during the PMV Visit activity reminding them of the QA criterion, SQA AB’s guidance and the provider’s responsibilities. ▪ Email will also clarify that the documents should specifically refer to escalation to SQA Accreditation, not just SQA (AB) ▪ In-depth clarification and guidance will be communicated at SEV update events in August 2018, including looking for reference to SQA Accreditation. ▪ We will continue to monitor centres’ compliance against this criterion through regular systems verification visits to centres as per Business As Usual. Centres are required to amend their procedures and information to candidates if they are not complying with this criterion. We will report to SQA Accreditation 		

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			<p>the outcome of the verification activity on this Issue at the end of February 2019.</p> <p>Evidence:</p> <p>E6.1 Copy of email issued to all providers -- 30 September 2018</p> <p>E6.2 Copy of agenda for Standardisation events – 30 September 2018</p> <p>E6.3 Report on outcome of verification activity on this Issue to SQA Accreditation – 28 February 2019</p>		
7. Principle 14	The provider-devised <i>Malpractice Policy</i> (17/11/2017) at provider 3 given to the Accreditation Auditor did not include appropriate reference to suspected malpractice.	Low	<p>The responsibilities of approved centres in relation to suspected malpractice is covered in SQA's Quality Assurance criterion 1.5 which states 'Suspected candidate or staff malpractice must be investigated and acted upon, in line with SQA requirements'.</p> <p>SQA's guidance to centres relating to criterion 1.5 states 'Any suspected cases of centre malpractice must be reported to SQA. In addition, for those qualifications that are subject to statutory regulation by SQA Accreditation, Ofqual or Qualifications Wales, centres are required to report any suspected case of candidate</p>	28 February 2019	28 February 2019

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			<p>malpractice to SQA. These requirements must be written into the centre's procedures'.</p> <p>Action:</p> <ul style="list-style-type: none"> ▪ Email will be issued to all providers offering qualifications regulated by SQA Accreditation by the end of September 2018, informing them of the issues picked up during the PMV Visit activity, reminding them of the QA criterion, SQA AB's guidance and the provider's responsibilities. ▪ Email will also clarify that the documents should specifically refer to escalation to SQA Accreditation, not just SQA (AB) ▪ In-depth clarification and guidance will be communicated at SEV update events in August 2018, including looking for reference to SQA Accreditation. ▪ We will continue to monitor centres' compliance against this criterion through regular systems verification visits to centres as per Business As Usual. Centres are required to amend their procedures and information to candidates if they are not complying with this criterion. We will report to SQA Accreditation 		

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			<p>the outcome of the verification activity on this Issue at the end of February 2019.</p> <p>Evidence:</p> <p>E7.1 Copy of email issued to all providers -- 30 September 2018</p> <p>E7.2 Copy of agenda for Standardisation events – 30 September 2018</p> <p>E7.3 Report on outcome of verification activity on this Issue to SQA Accreditation – 28 February 2019</p>		

Action Plan approved by ACG on 19 September 2018