

Action Plan

This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 15 August 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
1. Principles 6 & 11	The provider-devised Equal Opportunities Policy for Provider 1 does not make reference to both the Equality Act (2010) and the nine protected characteristics.	Low	<p>Background: The right of the candidate to be given equal opportunity to assessment is covered in SQA's Quality Assurance criterion 3.4 which states 'Policies and procedures must give SQA candidates equal opportunities for assessment'.</p> <p>SQA's guidance to centres relating to criterion 3.4 states 'Any centre offering SQA qualifications must ensure that everyone eligible to take a qualification has an equal chance of benefitting from the services that the centre provides. There must be no discriminatory barriers in the way of any individual who wishes to take SQA qualifications. Centres should ensure that no individual is discriminated against by virtue of their protected characteristics: age; disability; gender; gender reassignment; marriage and civil partnership; pregnancy and maternity; race and ethnicity; religion and belief;</p>	31st October 2019	31/10/2019

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.

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			<p>sexual orientation; or other unjustifiable factor, within the constraints of available resources and current legislation. All the protected characteristics must be covered in the centre's policy'.</p> <p>We regularly conduct systems verification visits to centres and would require centres to amend their procedures and information to candidates if they were not complying with this criterion.</p> <p>Action: Issue an email to all centres offering regulated qualifications, reminding them of the criterion, our guidance and their responsibilities to include reference to the 9 protected characteristics in their equal opportunities policy.</p> <p>Evidence: Copy of email</p> <p>Action: Continue to monitor centres' compliance against this criterion.</p> <p>Evidence: On-going BAU reports from systems verification visits to centres</p> <p>Action: Remind our 7 Quality Enhancement Managers (who carry out Systems Verification) at their next monthly standardisation meeting, about the need to check these specific issues during systems verification visits.</p> <p>Evidence: Copy of agenda</p>		

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2. Principles 6 & 12	Provider 5 did not inform candidates that, if they are still not satisfied with the outcome of a complaint to the awarding body, they have the right to escalate a complaint to SQA Accreditation as the qualification regulator.	Medium	<p>Background: 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, once they have exhausted their centre’s complaints procedure and the SQA Awarding body’s complaints procedure. This must be stated in centres’ procedures if they deliver regulated qualifications.</p> <p>We regularly conduct systems verification visits to centres and would require centres to amend their procedures and information to candidates if they were not complying with this criterion.</p> <p>Action: Issue an email to all centres offering regulated qualifications, reminding them of the criterion, our guidance and their responsibilities to inform candidates that, if they are still not satisfied with the outcome of a complaint to the awarding body, they have the right to escalate a complaint to SQA Accreditation as the qualification regulator.</p> <p>Evidence: Copy of email</p> <p>Action: Continue to monitor centres’ compliance against this criterion.</p>	31st October 2019	31/10/2019

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			<p>Evidence: On-going BAU reports from systems verification visits to centres</p> <p>Action: Remind our 7 Quality Enhancement Managers (who carry out Systems Verification) at their next monthly standardisation meeting, about the need to check these specific issues during systems verification visits.</p> <p>Evidence: Copy of agenda</p>		
3. Principles 6 & 13	The provider-devised appeals process in relation to record retention for Provider 5 is not compliant with SQA's The Appeals Process: Information for Centres, valid from April 2018.	Medium	<p>Background: 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 if they feel that the centre and/or SQA (awarding body) has not dealt with the appeal appropriately'.</p> <p>We regularly conduct systems verification visits to centres and would require centres to amend their</p>	31st October 2019	31/10/2019

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			<p>procedures and information to candidates if they were not complying with this criterion.</p> <p>Action: Issue an email to all centres offering regulated qualifications, reminding them of the criterion, our guidance and their responsibilities to inform candidates that if they are unhappy with the way this appeal to SQA (awarding body) has been handled, they have the right to raise this matter with the SQA Accreditation.</p> <p>Evidence: Copy of email</p> <p>Action: Continue to monitor centres' compliance against this criterion.</p> <p>Evidence: On-going BAU reports from systems verification visits to centres</p> <p>Action: Remind our 7 Quality Enhancement Managers (who carry out Systems Verification) at their next monthly standardisation meeting, about the need to check these specific issues during systems verification visits.</p> <p>Evidence: Copy of agenda</p>		
4. Principles 6 & 14	Both Providers 3 and 5's provider-devised malpractice policies are not compliant with SQA's Enhanced guidance to centres on writing malpractice	Medium	<p>Background: 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>	31 st October 2019	31/10/2019

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	in assessment procedure's criterion 1.5 (May 2018).		<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, centres are required to report any suspected case of candidate malpractice to SQA. These requirements must be written into the centre's procedures'.</p> <p>We regularly conduct systems verification visits to centres and would require centres to amend their procedures and information to candidates if they were not complying with this criterion.</p> <p>Action: Issue an email to all centres offering regulated qualifications, reminding them of the criterion, our guidance and their responsibilities to retain suspected malpractice related records and documentation for six years for regulated qualifications. Evidence: Copy of email</p> <p>Action: Continue to monitor centres' compliance against this criterion. Evidence: On-going BAU reports from systems verification visits to centres</p> <p>Action: Remind our 7 Quality Enhancement Managers (who carry out Systems Verification) at</p>		

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			their next monthly standardisation meeting, about the need to check these specific issues during systems verification visits. Evidence: Copy of agenda		
5. Principles 10 & 15	The Accreditation Auditor considers there to be a potential barrier to candidates at Provider 3 as they have to complete their SVQ qualification within a 12 month period, time bounding the candidate.	High	<p>Action: Communication to all centres offering SQA accredited qualifications, reminding them that SVQs cannot be time bound in the way Provider 3 was found to be doing</p> <p>Evidence: Copy of communication in Centre News</p> <p>Action: Continue to monitor centres' compliance against this</p> <p>Evidence: On-going BAU reports from QV visits to centres</p> <p>Action: Communications will be issued to all EVs via SEV Update event, operational update and standardisation meetings, highlighting this specific issue.</p> <p>Evidence: Copy of communication.</p> <p>Action: Communications will be added to the Appointee Hub (Sharepoint) website and EV induction documentation, advising that SVQs are not time bound.</p> <p>Evidence: Copy of or link to communication.</p>	31st May 2020	

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			<p>Action: Spot checks of EV reports will be conducted over a range of qualification areas and issues over the next verification session. Evidence: A report on any issues identified.</p> <p>Action: Provide context to SQA Accreditation on our sampling procedures. Evidence: “Guidance on Qualification Verification for Verifiers” document outlining our planning and rationale for sampling.</p>		

Action Plan approved by ACG on 16/10/2019