

## 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 29 November 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 13	Provider 5 has no documented evidence of how Internal Verification is tracked or monitored.	Low	<p><b>Action:</b> A communication will be sent to providers, via SQA News, detailing that, during an SQA Accreditation Provider Monitoring visit, it was established that a centre had no documented evidence of how Internal Verification is tracked or monitored. All centres will be reminded that they should have documented evidence of how they track and monitor their internal verification processes to ensure effective standardisation of assessment.</p> <p><b>Evidence to be submitted to SQA Accreditation:</b> A copy of the communication to centres as evidence to close the action.</p>	31 March 2024	20/3/2024

<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.

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>
2. Principle 14	Provider 2 has no policy or procedure detailing how it deals with Accreditation of Prior Learning (APL).	Low	<p><b>Action:</b> A communication will be sent to providers, via SQA News, detailing that, during an SQA Accreditation Provider Monitoring visit, it was established that a centre had no policy or procedure detailing how it deals with Accreditation of Prior Learning (APL). All centres will be reminded that they should have documented evidence of how their candidates' development needs and prior achievements (where appropriate) are matched against the requirements of the award.</p> <p><b>Evidence to be submitted to SQA Accreditation:</b> A copy of the communication to centres as evidence to close the action.</p>	31 March 2024	20/3/2024
3. Principle 15	Provider 4 sends candidate certificates to the candidates' employer rather than directly to candidates.	Medium	<p><b>Action:</b> We will update our guidance to approved centres to reflect the requirement that candidates must have the option to receive the certificate at their home address.</p> <p><b>Evidence to be submitted to SQA Accreditation:</b> Evidence will be in the form of updated guidance on our centre-facing web pages.</p>	31 March 2024	20/3/2024

Action Plan approved by ACG on Wednesday 28 February 2024