

Awarding Body PMV Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 17 April 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. Principle 6	<p>After the SafeCert audit of 2018, the awarding body produced an updated sign off record to capture the closing out date for actions and the evidence submitted by providers.</p> <p>However, the <i>SafeCert EQA (external quality assurance) form</i> does not include any dates for the actions to be completed by providers.</p>	Medium	<p>Formulate a full process for EQA activity.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Documented end to end EQA process, including actions EQA's have to follow and timescales • EQA forms updated which highlight action points and close out dates • EQA Minutes of Meeting which detail the new policy and timescales 	31 st May 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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	Hence the process for action plan sign off is not clear.				
2. Principle 6	SharePoint is not being maintained by the awarding body for currency of documents and policies. This Issue has been raised previously in the last two SafeCert audits. The SafeCert website also lacks current first aid qualification specifications.	Medium	<p>SafeCert will review all documents on SharePoint and update all versions which will be cross referenced these to an updated version control register. This new updated document control register will be uploaded to SharePoint.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • SafeCert will devise and formulate a 12 month cyclical programme of business actions. To state who will be going what and when with clear actions and timescales including regular review process • Regular meeting minutes noting as a standard agenda item their adherence to this plan, noting what's been done and still to be done • Master version control document used and updated regularly • Record sheet for SharePoint review/plan for future review sign off • SharePoint will be updated 	31 st May 2019	

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3. Principles 10 and 6	<p>Providers 1 and 2 highlighted errors in the multiple choice question papers for the <i>SafeCert SCQF Level 6 Award in First Aid at Work</i>.</p> <p>Both providers have highlighted these errors to the awarding body but changes had not been made to the assessment papers at the time of provider monitoring.</p>	High	<p>We have already begun the process of the development of question banks for the awards, and we will review all questions before adding to further question papers. We will also contact all centres for updates and feedback on any questions they feel need amended, for the next question papers</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Revised qualification and assessment development and review policy • Examples of the output of assessment review 	31 st August 2019	
4. Principles 10 and 6	The <i>SafeCert EQA Guidance 2017</i> states that copies of the external quality assurance report will be circulated to providers. Provider 1 had not received its report nearly a year after the external quality assurance visit, despite repeatedly contacting	Medium	<p>We will contact all centres to ensure all have their last completed report. If any centre does not have this it will be sent to them. We will devise customer service timeframes/KPIs.</p> <p>Evidence:</p>	31 st May 2019	

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	SafeCert to request it. Similarly, provider 2 only received its report after repeated requests, including highlighting to the awarding body that the report was being requested as part of SQA Accreditation's provider monitoring visit.		<ul style="list-style-type: none"> • Set customer service timeframes, made publically available online. To include KPI's for Response times. EQA timescales including reports, certificates claims etc • Updated internal and external documents where appropriate to include these, eg, EQA process, certificate process, centre handbook etc • Notification of email sent to all centres to ensure they have their last completed report • EQA Minutes of meeting for EQA standardisation meeting for SafeCert to send EQA reports to centres within 14 working days of visit 		
5. Principles 10 and 6	The external quality assurance report at provider 3 included an action for the provider to complete. However, in the risk assessment section of the report, the external quality assurer had failed to list the action identified. When	Medium	We will contact all EQA's with an updated EQA Standardisation meeting which will highlight the requirement to clearly highlight action points. The meeting will go over the action points recorded in the record must be clearly highlighted in the risk assessment section as well as a timeframe for the action to be completed. Evidence:	31 st May 2019	

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	actions are not stated clearly to providers in reports, there is a risk that the action is not completed as intended.		<ul style="list-style-type: none"> EQA Process as per issue 1, ensuring details of Lead EQA reviewing all EQA reports, to make sure they adhere to process and all aspects of the report is completed 		
6. Principles 10 and 6	Provider 1 contacted SafeCert to request a resit paper. It was informed that there was no resit paper, contrary to what is indicated in the SafeCert documentation.	Medium	<p>We will contact all centres to ensure they have access to a re-sit paper.</p> <p>Evidence:</p> <ul style="list-style-type: none"> Email of contact with all centres and copy of re-sit paper example 	31 st May 2019	
7. Principles 15 and 6	There is a discrepancy in the certification timescales given in the <i>SafeCert Qualifications Delivery Manual</i> and the <i>SafeCert Customer Service Statement</i> .	High	<p>SafeCert will formulate the process for certification.</p> <p>SafeCert have already contacted all centres with Newsletter ensure they provide a typed list of candidate names, therefore preventing errors with hand written names on reports. We will also ask</p>	31 st May 2019	

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	<p>Provider 2 had not received certificates in accordance with any of the timescales stated.</p> <p>Both providers 2 and 3 commented that many of the candidate names were incorrect in the certificates received and that misspellings occurred in almost every cohort.</p>		<p>staff in the office to check all certification before it is issued.</p> <p>We will also remind centres that certification turnaround will be 7 working days, providing the information provided is sufficient and correct for us to provide correct certification. If there is any further information required we will notify the centre.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • A certification process incorporating regulatory requirements and including a review process. Process for cross checking names given by providers with that printed on the certificates. • Example certificate template • Set customer service timeframes, made publically available, To include KPI's for response times, EQA timescales including reports, certificate claims etc • Updated internal and external documents where appropriate to include these, eg, EQA process, certificate process. 		

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8. Principle 15 and Regulatory Principle Directive RPDIR 3	<p>The SafeCert certificate viewed at provider 1 included the provider name and telephone number; the SafeCert certificate viewed at providers 1, 2 and 3 included logos. Provider names and logos from other organisations contravene the Regulatory Principle Directive RPDIR 3.</p> <p>The SafeCert certificate viewed at providers 1, 2 and 3 was missing the total number of SCQF credit points, a statement to acknowledge the Credit Rating Body and the full 4 + 2 qualification code — all of which are requirements of the Regulatory Principle Directive RPDIR 3.</p>	Very High	<p>We will contact the few centres who have requested their names or other information on certification, that this is no longer provided as it contravenes regulator conditions. We will ensure names and logo are removed from certification.</p> <p>We will also review all certification to ensure they contain the SCQF credit points as well as the full qualification code. We will include unit information on certification.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • A certification process incorporating regulatory requirements and including a review process. Process for cross checking names given by providers with that printed on the certificates. • Example certificate template • Set customer service timeframes, made publically available, To include KPI's for response times, EQA timescales including reports, certificate claims etc 	31 st May 2019	

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			<ul style="list-style-type: none"> Updated internal and external documents where appropriate to include these, eg, EQA process, certificate process. 		

Approved at ACG 17 April 2019