

Action Plan

This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 8 December 2022.



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 9	None of the policies and procedures viewed by the Accreditation Auditor in provider 2 had a date or version number.	Low	Add guidance to centres regarding the document control for centre policies in the Centre Handbook and Approval Visit Criteria. Evidence: Approval Visit Criteria Centre Handbook EQA Report Guidance	08/12/2022	Closed out 14/12/2022

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 13	<p>During recent external quality assurance activities at provider 2, the external quality assurer (EQA) viewed a sample of paper portfolios on screen which involved provider staff showing individual pages in each portfolio on camera.</p> <p>Viewing paper portfolios on camera severely limits the EQA in freely navigating portfolio information and is therefore not as effective as other in absentia methods which may then compromise the robust nature of the quality assurance process.</p>	Medium	<p>Guidance is issued to centres to upload evidence to the 'Centre Upload' platform, allowing the EQA to review Internal Quality Assurance (IQA) and portfolio evidence in advance of the visit.</p> <p>Evidence:</p> <p>Centre upload instructions</p> <p>Remote visit confirmation email</p> <p>Centre Handbook</p>	08/12/2022	Closed out 14/12/2022

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3. Principle 16	The complaints procedure at provider 2 did not reference the fact that learners can escalate complaints to VTCT or to SQA Accreditation as the regulator.	Low	<p>Issue/update 'Guidance on Completing an EQA' document and disseminate to EQAs regarding the required inclusion of escalation routes in the complaints policy.</p> <p>Evidence:</p> <p>Guidance on completing an EQA report</p> <p>Email to EQA's to ensure standard approach</p> <p>Approval Visit Criteria</p>	08/12/2022	Closed out 14/12/2022

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4. Principle 18	The malpractice and maladministration policy at provider 2 did not state that all suspected or actual cases of malpractice or maladministration would be reported to VTCT.	Low	<p>Issue/update 'Guidance on Completing an EQA' document and disseminate to EQAs regarding the required notification of malpractice in the centre policy.</p> <p>Evidence:</p> <p>Guidance on completing an EQA report</p> <p>Approval Visit Criteria</p> <p>Email to EQA's to ensure standard approach</p>	08/12/2022	Closed out 14/12/2022

Action Plan approved by ACG on Wednesday 14 December 2022