Action Plan

This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 25 July 2024.

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	The data protection documentation at provider 2 referenced General Data Protection Regulation (GDPR) but had not been updated to reference the UK GDPR or the Data Protection Act 2018.	Low	**Action:** 1. An agenda item will be added to the core EQA standardisation event for July 2024 to discuss and provide feedback on the SQA Accreditation Provider Monitoring activity, focusing on data protection regulation and policy content. The discussion will emphasise that while general references to data protection are sufficient in	31 October 2024	31/10/2024

[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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			policies, any specific legislation mentioned must be current and explicitly reference the UK GDPR and the Data Protection Act 2018. 2. The VTCT core EQA team supports a group of EQAs, and this information will be shared with their mentor groups during monthly meetings. 3. Consolidate and communicate this broader message to the entire EQA team at the standardisation event in October 2024. 4. The Quality Assurance team will inform centres in Scotland about their policy and legislative obligations through one-on-one meetings. 5. VTCT will email centres with a call to action, ensuring they are informed of their policy and legislative obligations.		

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			Evidence to be submitted to SQA Accreditation: • Standardisation Agenda • Minutes of standaridsation/ team meetings • Reports from performance observations of EQAs • Email communications to centres and engagement statistics • Script for EQA group meetings • PowerPoints from core group meetings		
2. Principle 12	The Accreditation Auditor sampled a number of attendance lists for theory examinations in hairdressing, barbering and beauty at both providers. It was noted that none of those sampled had the box against the learners' names ticked to indicate that learner identification had been checked by the invigilator, contravening VTCT requirements.	High	**Action:** 1. VTCT to amend the existing invigilator declaration Word template to include a specific clause confirming that learner identity has been confirmed through ID checks or prior knowledge of learners. This will	31 October 2024	31/10/2024

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			then be published for centre use in appropriate centre access portals. 2. VTCT will supply the amended Word template with the e-testing supplier for online exams. The supplier will then amend the online version which is downloaded by centres for use in the invigilation packs. 3. The Quality Assurance team will disseminate information through one-on-one meetings with centre in Scotland, ensuring they are informed about their obligations regarding the Instructions for Conducting Examinations policy, specifically related to ID checks, and the need to update internal documentation to more robustly reference this.		

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			Evidence to be submitted to SQA Accreditation: • Copy of updated documentation • Minutes of meetings		
3. Principles 13 and 9	Both providers had VTCT external quality assurance visits recently. Firstly, none of the external quality assurance reports at either provider raised any action against the fact that invigilators had omitted to record the learner identification check, as referenced in Issue 2. Secondly, all reports at both providers stated that the providers were compliant with VTCT requirements in respect of policies and procedures, which is not the case, as seen in Issues 1, 4, 5, 6 and 7. The *VTCT Centre Agreement, November 2022* and the *VTCT Centre Handbook, July 2023* state which policies and procedures are needed and give some detail of expected content. However, this information does not seem sufficiently detailed for external quality assurers and providers, in terms of the	High	**Action:** 1. An agenda item will be added to the core EQA standardisation event for July 2024 to discuss and provide feedback on the SQA Accreditation Provider Monitoring activity, focusing on ensuring that EQA reports accurately reflect omissions in centre policies, procedures, and invigilation documents. 2. The VTCT core EQA team supports a group of EQAs, and this information will be shared with their mentor groups during monthly meetings. 3. Consolidate and communicate this broader message to the entire EQA team at the	31 December 2024	2/12/2024

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	precise content that should be included in provider documents relevant to data protection, equality and diversity, complaints, appeals, malpractice and maladministration.		standardisation event in October 2024. 4. The Quality Assurance team will disseminate information through one-on-one meetings with the specific EQA's allocated to centres in Scotland, ensuring they are informed about their obligations to accurately reflect omissions in centre policies, procedures, and invigilation documents. 5. VTCT will enhance the guidance provided to centres regarding the content and specificity of required policies as provided in the Approval Visit Criteria and update references in the Centre Handbook to direct centres to this document for guidance. 6. VTCT will email centres with a call to action, ensuring they are informed of their policy and legislative obligations and		

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			directing them to updated guidance. 7. VTCT quality assurance team will conduct a review of centre EQA reports and spot checks for centres in Scotland monitoring effective implementation. **Evidence to be submitted to SQA Accreditation:** • Standardisation Agenda • Minutes of standaridsation/team meetings • Reports from performance observations of EQAs • Email communications to centres and engagement statistics • Script for EQA group meetings • PowerPoints from core group meetings • Copies of updated documents and guidance		

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4. Principles 14 and 9	The equality and diversity policy at provider 2 listed protected characteristics but missed gender reassignment, sex and pregnancy/maternity.	Low	**Action:** 1. An agenda item will be added to the core EQA standardisation event for EQAs for July 2024 to discuss and provide feedback on the SQA Accreditation Provider Monitoring activity, focusing on Equality and Diversity policy content. This will ensure that any equality and diversity policies and processes that centres have include reference to current relevant legislation. Centres should be aware of the Equality Act 2010 and the protected characteristics. Should centres wish to reference the specific characteristics they need to be correct as detailed below: • Age • Disability • Gender reassignment • Marriage or civil partnership (in employment only)	31 December 2024	2/12/2024

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			• Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation 2. The VTCT core EQA team supports a group of EQAs, and this information will be shared with their mentor groups during monthly meetings. 3. Consolidate and communicate this broader message to the entire EQA team at the standardisation event in October 2024 4. The Quality Assurance team will inform centres in Scotland about their policy and legislative obligations through one-on-one meetings specifically including Equality and Diversity policies. 5. VTCT will email centres with a call to action, ensuring they are informed of their policy and		

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			legislative obligations regarding Equality and Diversity policy content. 6. VTCT quality assurance team will conduct a review of centre policies following the dissemination of the amended guidance to ensure accuracy and relevance of these policies. **Evidence to be submitted to SQA Accreditation:** • Standardisation Agenda • Minutes of standaridsation/team meetings • Reports from performance observations of EQAs • Email communications to centres and engagement statistics • Script for EQA group meetings • PowerPoints from core group meetings		

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5. Principles 16 and 9	The complaints policy at provider 1 did not make it clear that complaints for VTCT qualifications can be escalated to SQA Accreditation as the regulator. The complaints procedure at provider 2 did not reference escalation of complaints to either the awarding body or SQA Accreditation as the qualification regulator. A similar Issue was raised in the Provider Monitoring Report of 2022–23.	Medium	**Action:** 1. An agenda item will be added to the core EQA standardisation event for July 2024 to discuss and provide feedback on the SQA Accreditation Provider Monitoring activity, focusing on centre Complaints policies. This will explicitly reference relevant escalation routes to SQA Accreditation and, where appropriate, the Scottish Public Services Ombudsman (SPSO). 2. The VTCT core EQA team supports a group of EQAs, and this information will be shared with their mentor groups during monthly meetings. 3. Consolidate and communicate this broader message to the entire EQA team at the standardisation event in October 2024.	31 December 2024	2/12/2024

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			4. The Quality Assurance team will inform centres in Scotland about their complaints policy obligations and escalation routes through one-on-one meetings. 5. VTCT will email centres with a call to action, ensuring they are informed of their complaints policy and escalation route obligations. **6. VTCT quality assurance team will conduct a review of centre policies following the dissemination of the amended guidance to ensure accuracy and relevance of these policies.** **Evidence to be submitted to SQA Accreditation:** • Standardisation Agenda • Minutes of standaridsation/team meetings • Reports from performance observations of EQAs		

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			• Email communications to centres and engagement statistics • Script for EQA group meetings • PowerPoints from core group meetings		
6. Principles 17 and 9	The appeals procedure at provider 2 mistakenly referenced escalation to the SQA awarding body as the regulator, instead of SQA Accreditation. It also failed to state that upon receiving an appeal, SQA Accreditation can only review the appeal to check that due process has been followed and cannot overturn assessment decisions.	Low	**Action:** 1. An agenda item will be added to the core EQA standardisation event for July 2024 to discuss and provide feedback on the SQA Accreditation Provider Monitoring activity, focusing on centre appeals policies. This will state it is not necessary to reference SQA Accreditation in appeals policies but where they are referenced, this must be clear that it is SQA Accreditation i.e., not SQA awarding body and that SQA cannot overturn assessment decisions. 2. The VTCT core EQA team supports a group of EQAs, and	31 December 2024	2/12/2024

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			this information will be shared with their mentor groups during monthly meetings. 3. Consolidate and communicate this broader message to the entire EQA team at the standardisation event in October 2024. 4. The Quality Assurance team will inform centres in Scotland about their appeals policy obligations through one-on-one meetings. 5. VTCT will email centres with a call to action, ensuring they are informed of their policy obligations. 6. VTCT quality assurance team will conduct a review of centre policies following the dissemination of the amended guidance to ensure accuracy and relevance of these policies.		

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7. Principles 18 and 9	Across both providers, the malpractice policies did not clearly define malpractice and maladministration and did not make it clear that any malpractice and maladministration for VTCT qualifications would be reported to the awarding body. A similar Issue was raised in the Provider Monitoring Report of 2022–23.	Medium	**Action:** 1. An agenda item will be added to the core EQA standardisation event for July 2024 to discuss and provide feedback on the SQA Accreditation Provider Monitoring activity, focusing on centre Malpractice policies. This will state that they must: clearly define malpractice and maladministration	31 December 2024	2/12/2024

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			Report to VTCT if there is any malpractice and maladministration 2. The VTCT core EQA team supports a group of EQAs, and this information will be shared with their mentor groups during monthly meetings. 3. Consolidate and communicate this broader message to the entire EQA team at the standardisation event in October 2024. 4. The Quality Assurance team will inform centres in Scotland about their malpractice policy obligations through one-on-one meetings. 5. VTCT will email centres with a call to action, ensuring they are informed of their obligations regarding Malpractice policies. 6. VTCT quality assurance team will conduct a review of centre		

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			policies following the dissemination of the amended guidance to ensure accuracy and relevance of these policies. **Evidence to be submitted to SQA Accreditation:** • Standardisation Agenda • Minutes of standaridsation/team meetings • Reports from performance observations of EQAs • Email communications to centres and engagement statistics • Script for EQA group meetings • PowerPoints from core group meetings		

Action Plan approved by ACG on 14/08/2024