Action Plan

This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 20 June 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 1 was concerned mainly with learner information relevant to another awarding body.	Low	**Action:** A Service Bulletin will be sent to all approved centres reminding them of the importance of their Data Protection policy being clear in terms of what data they hold for ECITB learners and how it is handled. EQAs to review all approved centres data protection policies during centre monitoring activities over the next 12 months to ensure they are clear in terms of what data the centre holds for ECITB learners and how it is	01.06.2025	30/05/2025

[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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			handled. This will be recorded in the Approved Centre visit and Risk Tracker. The review of centre policies will be included as a topic in the next EQA standardisation meeting to ensure consistency across the EQAs. We will produce a video providing guidance to centre staff on the importance of their Data Protection policy being clear. **Evidence to be submitted to SQA Accreditation:** The following evidence will be uploaded to SharePoint and an email will be sent to the Regulation Officer to confirm completion of the action taken: • Copy of the Service Bulletin • Copy of the Approved Centre visit and Risk Tracker • Minutes from the August 2024 EQA standardisation meeting • Link to the video		

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2. Principle 14	The Equal Opportunities policy at provider 1 listed the protected characteristics in reference to the Equality Act (2010). However, gender reassignment and sex were missing from the list.	Low	**Action:** A Service Bulletin will be sent to all approved centres providing guidance in relation to the content of their Equal Opportunities policy and provide a link to the Equality Act (2010) for reference. EQAs to review all approved centres Equal Opportunity policies during centre monitoring activities over the next 12 months to ensure they are in line with the Equality Act (2010). This will be recorded in the Approved Centre visit and Risk Tracker. The review of centre policies will be included as a topic in the next EQA standardisation meeting to ensure consistency across the EQAs. We will produce a video providing guidance to centre staff on the importance of ensuring their Equal Opportunities policy reflect the Equality Act (2010) accurately.	01.06.2025	30/05/2025

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			Evidence to be submitted to SQA Accreditation: The following evidence will be uploaded to SharePoint and an email will be sent to the Regulation Officer to confirm completion of the action taken: • Copy of the Service Bulletin • Copy of the Approved Centre visit and Risk Tracker • Minutes from the August 2024 EQA standardisation meeting • Link to the video		
3. Principle 16	The complaints procedure at provider 1 did not state that learners can escalate a complaint to SQA Accreditation as the regulator.	Low	**Action:** A Service Bulletin will be sent to all approved centres reminding them that their Complaints Policy and Procedure should state that learners can escalate a complaint to SQA Accreditation. EQAs to review all approved centres Complaints policies and procedures during centre monitoring activities over the next 12	01.06.2025	30/05/2025

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			months to ensure they are compliant. This will be recorded in the Approved Centre visit and Risk Tracker. The review of centre policies will be included as a topic in the next EQA standardisation meeting to ensure consistency across the EQAs. We will produce a video providing guidance to centre staff on the importance of ensuring their Complaints policy and procedures are clear in relation to the escalation of complaints to SQA Accreditation. **Evidence to be submitted to SQA Accreditation:** The following evidence will be uploaded to SharePoint and an email will be sent to the Regulation Officer to confirm completion of the action taken: • Copy of the Service Bulletin • Copy of the Approved Centre visit and Risk Tracker		

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			• Minutes from the August 2024 EQA standardisation meeting • Link to the video		
4. Principle 18 and 13	The malpractice policy at provider 1 had incorrect definitions of maladministration and did not make it clear that all suspected and actual cases of malpractice and maladministration would be referred immediately to the awarding body. A recent ECITB external quality assurance activity at the provider referenced that the policy had been checked during approval with no action required.	Low	**Action:** A Service Bulletin will be sent to all approved centres providing definitions of maladministration and malpractice and reminding centres that they are required to refer all suspected and actual malpractice and maladministration cases to ECITB immediately. We will also advise centres that their malpractice and maladministration policy must reflect this requirement. EQAs to review all approved centres Malpractice and Maladministration policies during centre monitoring activities over the next 12 months to ensure they are clear and compliant. This will be recorded in the Approved Centre visit and Risk Tracker. The review of centre policies will be included as a topic in the next EQA standardisation	01.06.2025	30/05/2025

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			meeting to ensure consistency across the EQAs. We will produce a video providing guidance to centre staff on the importance of ensuring their Malpractice and Maladministration policy reflects requirements. **Evidence to be submitted to SQA Accreditation:** The following evidence will be uploaded to SharePoint and an email will be sent to the Regulation Officer to confirm completion of the action taken: • Copy of the Service Bulletin • Copy of the Approved Centre visit and Risk Tracker • Minutes from the August 2024 EQA standardisation meeting • Link to the video		

Action Plan approved by ACG on 05/06/2024