



Audit Report

ITC First Aid

23 October 2013

Note

Restricted or commercially sensitive information gathered during SQA Accreditation's quality assurance activities is treated in the strictest confidence. However, please note the following:

- ◆ The findings of this report and the associated Action Plan will be presented to SQA's Accreditation Committee.
- ◆ The report and Action Plan will be published on SQA Accreditation's website following receipt of the signed acceptance of audit findings.
- ◆ The contents will contribute towards the Quality Enhancement Rating which will, in turn, contribute towards the quality assurance activity and timescales.

Please note that SQA Accreditation's quality assurance activities are conducted on a sampling basis. Consequently, not all aspects of an awarding body's performance in quality assurance, contract compliance, implementation, awarding of certificates and fee arrangements (not an exhaustive list) may have been considered in this report to the same depth.

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Executive summary

This was the second audit of ITC First Aid (ITC) since it was approved as an awarding body by SQA Accreditation in July 2009.

1.1 Scope and approach

The audit was designed to review and evaluate ITC First Aid's strategies, policies and procedures to ensure compliance under SQA Accreditation's *Regulatory Principles (2011)*, Regulatory Principles Directives, the requirements of the clauses within and any conditions attached to the approved awarding body agreement and the Criteria for Accredited Qualifications.

As this was a full audit of ITC First Aid, all Principles were included within the scope of the audit.

A Requirement has been raised where SQA Accreditation found evidence that the awarding body has not met SQA Accreditation's regulatory requirements.

The following timescales apply:

- ◆ SQA Accreditation will issue this report within 30 working days of the audit date.
- ◆ The awarding body must sign and return the audit report and associated Action Plan within 30 working days of the audit report being issued.
- ◆ Within a further 20 working days of receiving the proposed Action Plan, SQA Accreditation will confirm whether the Action Plan is appropriate to address the Requirements. This will be subject to the actions proving appropriate to the issues raised.
- ◆ SQA Accreditation will monitor progress towards completion of the actions identified in the Action Plan.

A Recommendation may be recorded in instances where SQA Accreditation considers there to be scope for improvement. Where these are agreed during the audit, they are recorded on the report for future reference. As Recommendations are recorded for awarding body consideration only, it is not necessary to agree either actions or timescales to resolve these in the awarding body Action Plan.

1.2 Awarding body audit report timeline

ITC First Aid audit date	23 October 2013
SQA Accreditation audit report date	27 November 2013
Date audit report and Action Plan to be signed and submitted by ITC First Aid	22 January 2014

1.3 Background

ITC First Aid is a nationally recognised awarding body offering a range of environment-specific first aid and health and safety qualifications.

ITC First Aid's headquarters are situated in Hartlepool.

The audit team was provided with full access to the awarding body's premises, staff and documentation at Hartlepool.

1.4 Overview

As a result of the audit and post-audit activities, four Requirements have been raised and one Recommendation has been recorded.

The four Requirements form the basis of the ITC First Aid Action Plan. This must be completed and submitted to SQA Accreditation for agreement within 30 working days of the audit report being issued. The Action Plan must be submitted by 22 January 2014.

Outcome(s)	Area(s) of concern	Risk rating
Requirement 1	Principle 1	Low
Requirement 2	Principle 3	Medium
Requirement 3	Principle 6	Medium
Requirement 4	Principle 6	Medium
Recommendation 1	Principle 4 Principle 14	n/a

2 Audit findings

The following sections detail Requirements raised and Recommendations recorded against SQA Accreditation's *Regulatory Principles (2011)*, Regulatory Principles Directives, the requirements of the clauses within and any conditions attached to the Approved Awarding Body agreement and the Criteria for Accredited Qualifications.

2.1 Requirements

Principle 1. The awarding body must deal with SQA Accreditation in an open and co-operative way, and disclose anything which SQA Accreditation would reasonably expect to be made aware.

During the preparation for the ITC First Aid audit it was noted that there had been a number of changes to key personnel within the organisation.

A review of the awarding body's *ITC First Aid CG1 Corporate Governance [4]* document, dated January 2012, identified a number of individuals responsible for a range of core functions within the organisation. Through the evidence of pre-audit communications and information secured during the 2013 centre monitoring activity, the audit team was of the opinion that the information was not current.

During the audit itself it was confirmed that the awarding body had undergone changes in personnel in a number of important areas. For example, the role of Chief Verifier had changed hands and there were indications that the actual role itself had also changed.

Discussions with the current incumbent of the role indicated that the Chief Verifier no longer visited a random sample of External Verifiers and Moderators to report on 'their activity as it happened' for the purposes of improving the service and highlighting good practice.

A number of other additional roles, as well as personnel recruited from ITC approved centres/providers, have been created over the last year or so to support the expanding ITC First Aid brand and the increasing range of qualifications offered.

Whilst fully appreciating the rationale behind such capacity building within the awarding body, SQA Accreditation reasonably expects to be notified of such changes either directly through contact with ITC First Aid's appointed Regulation Manager or through the inclusion of updated documentation such as an organisational chart which provides an accurate overview of staff responsible for the awarding body's various operational areas. The evidence available indicates that ITC First Aid does not meet the requirements of Principle 1. This has been raised as **Requirement 1**.

Principle 3. The awarding body must ensure that they employ robust processes to protect their own business interests as well as the interests of their approved centres and learners.

Undertaking the pre-audit review of the awarding body's policies, procedures and guidance documentation held on Quickr, the Auditors noted that much of the information did not appear to be current or contain sufficient references to SQA Accreditation's regulatory requirements. Equally, in the case of certain pieces of documentation it was questionable if they were relevant to SQA Accreditation.

For example, as noted above, the *ITC First Aid CG1 Corporate Governance [4]* does not reflect the current operational status of the awarding body.

Quickr holds a document entitled *ITC Business Plan 2012*. As the awarding body historically appeared to produce annual business plans, the audit team surmised that this was perhaps not the most current version. This proved to be correct as awarding body representatives provided a copy of the *ITC Business Plan 2013* on the day of the audit itself.

Likewise, Quickr holds copies of the *ITC Annual Report* for both 2011 and 2012. Again, the audit team suspected that the latter did not represent the most current version of the report and this proved to be the case with a 2013 version again being provided on the day.

A range of policies and procedures appear to make specific reference to Ofqual only. For example, the awarding body's *Conflicts of Interest Policy [1.1], January 2013*, is defined by an agreement to comply with the following regulatory statement:

When requested to do so by Ofqual in writing, an awarding organization must promptly submit to Ofqual its conflict of interest policy, and must subsequently ensure that the policy complies with any requirements which Ofqual has communicated to it in writing.

It was also noted that the *Appeals Policy & Procedures [2.3], January 2012* only makes reference to both the 'Statutory Arrangements for the QCF' and the 'Statutory Criteria of External Qualifications 2004'.

The audit team also reviewed the following range of documents:

T1 Template and completion for writing credit based units of assessment for the QCF, August 2011

T2 template and completion for ROC qualification development, January 2012

T3 template for determining levels across units of assessments for the QCF, January 2012

T4 Template for assigning unit credit values for units of assessment for the QCF [1.1], January 2012.

Given that the documents solely relate to unit development and Rules of Combination (ROC) for the QCF, the audit team could not see the value of uploading them to Quickr.

Discussions with ITC First Aid's Qualifications Manager suggested that amendments to reflect both SCQF and SQA Accreditation's requirements had been made but the audit team were unable to see evidence of these changes at the time of the audit.

It should be noted that an aspect of this issue, that of appropriate references to SQA Accreditation and its regulatory requirements, was previously raised as an observation against key Goal 13 of SQA Accreditation's *Awarding Body Criteria (2007)* within the audit report for 2010, ITC First Aid's last full audit. Consequently, the audit team would contend that with subsequent issues around currency and relevancy of documentation, there has been insufficient action taken to resolve the matter.

The evidence available indicates that ITC First Aid does not meet the requirements of Principle 3. This has been raised as **Requirement 2**.

Principle 6. The awarding body and their approved centres must have the relevant expertise, quality assurance procedures, technological, financial, human resources and other physical resources, to carry out their regulated functions, during the life of the qualifications and Units they offer.

ITC First Aid's *EV1 External Verification Procedures & Specifications [2.5]*, *First Aid Qualifications*, December 2012, notes that the awarding body 'accredits' three types of entity for the purposes of external verification.

Firstly, an 'ITC Centre' which is an organisation considered to be suitably resourced and self-contained in terms of coherent policies, staff training and development, as well as internal quality assurance mechanisms, as to be subject to a traditional external verification model.

Secondly, an 'Independent Provider' who may be a small business or sole trader without sufficient expertise and/or resources to provide localised internal quality assurance mechanisms. Therefore, the provider has to 'buy' both internal and external verification services from the awarding body, which will devise and instigate a verification plan.

Lastly, an 'ITC Cluster' which constitutes a group of centres and providers that have pooled their respective experience and resources to provide an internal verification function for all members that satisfies the requirements of an internal verification plan determined by ITC First Aid. The awarding body then externally verifies the cluster using a series of announced and unannounced visits across a stated period of time, which includes an interaction with all cluster members.

To date, SQA Accreditation's quality assurance activities at centre/provider level have shown the last option to be the most prevalent for the reasons stated above. It was noted that clusters have been instigated on regional lines, bringing the added advantage of allowing a collective approach to business development that mutually benefits cluster members and the ITC First Aid brand.

However, centre/provider monitoring activity during 2013 indicated a different approach to cluster activity with the appointed Regulation Officer noting from evidenced minutes of cluster meetings that such groups no longer appeared to be organised along regional lines but appeared to be branded in respect of the dominant centre or provider.

A detailed review of minutes relating to one such branded cluster confirmed what appeared to be a change in focus across cluster activity. The minutes seemed to suggest that the

awarding body had further devolved a range of core activities to the cluster such as joining and continuing membership, the frequency and format of any internal verification activity (including devising its own Internal Verifier training as opposed to undertaking an 'IV qualification'), and entering into negotiations with the awarding body over the frequency of any external verification activity.

This position of increasing devolvement appeared to be confirmed by information received from the Chief Verifier that noted that as of February 2013 'ITC will not formally support the cluster groups and responsibilities will be handed over to the respective cluster coordinators'. This would seem to suggest that clusters now hold responsibility for meeting relevant regulatory requirements.

Discussions around this perceived change of focus within clusters led to ITC First Aid's representatives acknowledging that there was indeed an ongoing shift away from regionalisation to a structure based upon 'mutual interest'.

The audit team could only find a single reference to this idea of mutual interest and this was within the awarding body's document *PRO ITC Provider/Centre File [2.3]*, 2012, but this did not provide a definition as such and implied that it was an alternative option to a regional approach.

The definition of mutual interest provided by the awarding body representatives on the day of the audit did not seem to be particularly specific beyond the notion of centres/providers clustering together around a particular first aid discipline (e.g. Pediatric first aid) and certainly did not adequately address the concerns raised by the audit team.

Namely, that ITC First Aid appeared to be devolving responsibility for key awarding body functions without an adequate framework to ensure that there is no undue influence by dominant parties. Also, there is a lack of policy, procedures and operational framework that will ensure a consistent standard of delivery and quality assurance across the cluster network to safeguard the candidate, the robustness of the relevant SQA accredited qualifications and the reputation of all key stakeholders.

The evidence available indicates that ITC First Aid does not meet the requirements of Principle 6. This has been raised as **Requirement 3**.

Discussions with ITC First Aid representatives around the nature and activity of cluster groups indicated that the awarding body had revised its external verification activities as a consequence of the recent legislative changes that have lessened the role of the Health and Safety Executive (HSE) in the regulation of first aid training. This constituted a consolidation of all external verification activity through a reduction in the number of External Verifiers from seven to three individuals.

Given the fact that this is UK-wide and across all ITC First Aid's regulated provision, the audit team raised concerns about the organisation's ability to continue to adequately resource such a key function.

Discussions with the awarding body's Chief Verifier and a review of the draft and final versions of the *Chief Verifier Annual Report* (February and June respectively) further

suggested that issues were already present in this area with a bottleneck arising around the processing of centre applications to deliver a range of qualifications. The Chief Verifier believed that there is now a consequent delay in 'capable' centres gaining approval status to deliver SQA accredited provision.

A post-audit review of the current *CV Centre Tracking Sheet* would suggest that such concerns are present in other areas of the awarding body's external quality assurance activities. There was evidence that a number of centres offering SQA accredited provision have not been subject to the stated minimum number of external verification visits per year as specified noted within the *ITC Assessor & Verifier File [4.3]*.

Discussions during the audit indicated that ITC First Aid is aware of the current difficulties in this area and that the process of considering possible actions to alleviate the situation was ongoing. This includes reviewing current External Verifier responsibilities to free-up time and possibly a further review of the total number of available External Verifiers. However, the audit team would contend that giving a higher priority to such considerations is key to ensuring that there is no further deterioration in the resourcing of the awarding body's external quality assurance activities.

The evidence available indicates that ITC First Aid does not meet the requirements of Principle 6. This has been raised as **Requirement 4**.

2.2 Recommendations

Principle 4. The awarding body must ensure that they conduct their operations ethically, taking account of any legislation, including but not limited to equalities, competition and data protection laws.

And

Principle 14. The awarding body must consult with stakeholders, taking into account relevant equality and diversity groups, to ensure that there are no unnecessary barriers to entry to the assessment of the qualifications they design and/or offer for different groups of learners.

ITC First Aid may wish to review its *Equality, Diversity and Assessment Policy [2.2], January 2012*, which makes appropriate reference to the Equality Act 2010, revising the current list of areas of focus to fully and accurately reflect the eight protected characteristics defined within the Act.

This will assist SQA Accreditation as a public sector body to fulfill its general equality duty in eliminating unlawful discrimination, harassment and victimisation as prohibited by the Act, as well as ensuring that there is an equality of opportunity between people who share a relevant protected characteristic and those who do not. **This has been recorded as Recommendation 1.**

3 Outstanding approval and accreditation conditions

A condition will be recorded at the time of approval of the awarding body or at the time of accreditation for an SQA accredited qualification. A condition is recorded when SQA Accreditation's Co-ordination Group (ACG) finds evidence that the awarding body does not fully meet the requirements under SQA Accreditation's *Regulatory Principles (2011)*, Regulatory Principles Directives, the requirements of the clauses within and any conditions attached to the Approved Awarding Body agreement and the Criteria for Accredited Qualifications.

Principle no.	Condition	Date due
None		

4 Risk rating of Requirements

SQA Accreditation assigns a risk rating to each Requirement recorded as a result of awarding body quality assurance activity. The table below illustrates how the rating for a Requirement is assigned. A weighting is applied that depends on the risk identified and the possible impact on qualifications and/or the learner of failure to implement that Requirement.

The assignment of a risk rating allows an awarding body to assign their resources to areas which have been identified as having a major impact on the qualifications and/or the learner. The risk rating also allows SQA Accreditation to assign its resources to support awarding bodies in improving their performance.

Risk	Impact of Requirements identified through quality assurance activity
Very Low	The Requirement has been identified as likely to cause minimal concern and would not threaten the integrity of the qualification or impact adversely on the learner. Any overall effect is likely to be small scale and/or localised, rather than widespread. The identified Requirement is unlikely to recur once resolved and no long lasting damage would be anticipated.
Low	The Requirement has been identified as low impact but is of sufficient importance to merit intervention, with a low threat to the systems or procedures associated with the qualification and/or impact on the learner. Disruption may not just be localised but more widespread and would possibly cause residual damage; however, this could be easily corrected without further consequence.
Medium	The Requirement has been identified as having the potential to damage the credibility of the qualification and/or be detrimental to the learner. There may be some impact to the systems or procedures that support the qualification or the operational effectiveness of the awarding body.
High	The Requirement has been identified as having a potentially high impact on the integrity and reliability of the qualification, or the effective operation of the awarding body as a whole, if corrective action is not quickly taken. There is a high probability that the qualification and/or learner will be negatively affected.
Very High	The Requirement has been identified as having a serious impact on the integrity and reliability of the qualification or the effective operation of the awarding body if corrective action is not immediately taken. There is a very high probability that the qualification and/or learner will be negatively affected.

In assigning a risk rating, each Requirement is considered on its own merit, taking account of the context in which it was identified.

5 Table of awards

Accredited qualifications currently offered by ITC First Aid

SQA-accredited qualification title	Level	Code	Accreditation date	Re-accreditation date
Emergency First Aid at Work	n/a	R040 04	19/08/2009	31/12/2012
ITC Certificate in Outdoor First Aid	n/a	R084 04	30/06/2010	31/12/2012
ITC Certificate in First Aid for Sport, Exercise & Fitness	SCQF Level 5	R197 04	09/11/2011	30/11/2016
ITC Certificate in First Aid at Work	SCQF Level 6	R262 04	01/01/2013	31/03/2017
ITC Certificate in Emergency First Aid at Work	SCQF Level 5	R263 04	01/01/2013	31/03/2017
ITC Certificate in Outdoor First Aid	SCQF Level 5	R264 04	01/01/2013	31/03/2017

6 List of documents reviewed pre and post audit

Document title	Date of issue	Version number
ITC Assessor & Verifier File [4.3]	2012	Version 1
PR0 ITC Provider/Centre File [2.3]	2012	
EV1 External Verification Procedures & Specifications [2.5]	December 2012	
SK1 Stakeholder Unit and/or Qualification Review [1.2]		
ITC Annual Report for the year ending 31 March 2013		
BP1 Business Plan	January 2012	
ITC Annual Report for the year ending 31 March 2011		
P8 Equality, Diversity and Assessment Policy [2.2]	January 2012	
PR7 Overview of Certification Process [2.2]	April 2012	
BP1 Business Plan	January 2013	
RRQ Register of Regulated Qualifications 2012 [2.0]	January 2013	

T1 Template and completion for writing credit based units of assessment for the QCF	August 2011	
T3 template for determining levels across units of assessments for the QCF	January 2012	
T4 Template for assigning unit credit values for units of assessment for the QCF [1.1]	January 2012	
T2 template and completion for ROC qualification development	January 2012	
P16 Complaints Policy [2]	June 2012	
P6 Malpractice and Misconduct Policy [2.2]	July 2012	
PR7S Overview of Certification Process Security Measures [1.1]	April 2012	
S1 ITC Approval Systems [4.0]	May 2012	
CE1 Certificate Sign Off [2]	January 2013	
P5 Appeals Policy & procedures [2.3]	January 2012	
RE5 Appeals Register [1.0]	June 2012	
05 Replacement of Certificate Request Form	June 2011	
P13 Conflicts of Interest Policy [1.1]	January 2013	

S5 Procedures for Ongoing Compliance with Regulatory Arrangements [3.2]	March 2012	
ITC Business Objectives Action Plan	March 2012	
P10 Self-Assessment & Self-Monitoring Policy [3.0]	January 2012	
QCF1 Regulated Qualifications Development & Review Procedures [1.3]	September 2012	
QEOC1 [1.1] Qualification Staffing Criteria	January 2012	
S6 [1.2] ITC Quality Assurance Flowchart	July 2011	
S8 ITC Business Planning Process Flowchart [2.2]	March 2012	
P3 Fees Policy [1.2]	January 2013	
G2 Guidance for completing EV6 for use by ITC External Verifiers [2.2]	December 2012	
G2a Guidance for completing EV6a [4] for use by ITC External Verifiers	January 2012	
JD3 Chief Verifier Job Description [1.2]	March 2012	
Business Continuation Plan 2012		
CG1 Corporate Governance [4]	January 2012	

D1 Conflict of Interest Annual Declaration to ITC		
JD1 Job Description Awards Manager [1.2]	January 2012	
JD5 Unit Writing & Rules of Combination External Consultant Job Description [1.1]	January 2012	
JD7 Job Description Operation Manager's Assistant [1.2]	January 2012	
JD8 Job Description Operations Manager [1.2]	January 2012	
RE1 Malpractice Allegation Register [1.1]	January 2011	
RE2 Register of Complaints [1.1]	September 2011	
EV6a External Verifier's report [6]	September 2012	



7 Action Plan

A separate document in Microsoft Word has been forwarded with this Audit Report.

Areas of concern	Requirement	Risk rating	Proposed action <small>(Please include a description of your intended methodology and details of the evidence that will be provided.)</small>	Target date for completion
Principle 1	Key documentation is not sufficiently current, nor information updates sufficiently frequent, to provide SQA Accreditation with an accurate overview of the staff and their respective responsibilities in respect of ITC First Aid's various areas of operation.	Low	<p>ITC reviews and agrees policies as part of an annual operational programme. These approved policies are uploaded to regulatory databases [including QuickR] after review.</p> <p>To ensure no omissions or late uploading occurs in the future each policy document [about 150 documents] is to have an identifier [QR or RITS] added, indicating to which of these regulator websites it will be uploaded to.</p> <p>The Policy Document Review table that is maintained centrally will have the headings 'Regulator Website' and 'Date uploaded' added to the current table headings of 'Code' 'Title' 'Version' 'Last review date'. To be completed by end of March.</p> <p>Operations Manager Job description to have specific requirement to maintain this register and ensure its compliance.</p> <p>Evidence 1: CG1 to show identifier</p> <p>Evidence 2: PRSR2013 Completed Policy document review table</p> <p>Evidence 3: JD8 Operations Manager Job Description</p> <p>Specifically ITC document CG1, that provides the details of staff responsibilities, was amended after the January upload in early</p>	<p>March 31, 2014</p> <p>Feb 28, 2014</p> <p>March 31, 2014</p> <p>Feb 28, 2014</p>

			<p>2013 and the amended version [that was available for the regulatory audit visit] was not uploaded for 6 months after amendment. The action points above will ensure this cannot happen again.</p> <p>Confirmation on Policy Committee minutes. Evidence 4: January 2014 Policy meeting minutes</p> <p>Some ITC Policies, not relevant to SQA were uploaded to QuickR. The identification of regulator website on every document will ensure that this will not happen again. Extension to 30 June 2014. Closed out 10 November 2014.</p>	<p>Feb 28, 2014</p>
<p>Principle 3</p>	<p>The Auditors noted that much of the information held on Quickr did not appear to be current or contain sufficient references to SQA Accreditation's regulatory requirements. Equally, in the case of certain pieces of documentation it was questionable if they were relevant to SQA Accreditation.</p>	<p>Medium</p>	<p>The systems for current document prompt upload described above will ensure that current and relevant documents will be always available to QuickR. The most recent version of CG1 [ITC key person terms of reference and corporate governance document] will be uploaded by end of Feb 2014.</p> <p>Evidence 1: As above</p> <p>Current job description of Chief Verifier to be reviewed by Operations Team. This reviewed Job description [JD3] to be forwarded to QuickR.</p> <p>Evidence 5: JD3 The Job description does have a requirement to visit each EQA staff at least annually. A sample plan for visiting each EQA within the 6 months prior to September 2014 will be provided.</p>	<p>Feb 28, 2014</p> <p>Feb 28, 2014</p>

			<p>Evidence 6: EQA visit sample plan for 2014. Each ITC document will be reviewed against SQA regulations as part of normal annual review cycle [RAC document] and the documents amended clearly linked to SQA regulations.</p> <p>Evidence 15: Policy meeting minutes confirming all documents reviewed. Any amended documents to be uploaded to QuickR Extension to 30 June 2014. Closed out 10 November 2014.</p>	<p>Feb 28, 2014</p> <p>March 31, 2014</p>
Principle 6	<p>ITC First Aid appeared to be devolving responsibility for key awarding body functions without an adequate framework to ensure that there is no undue influence by dominant parties. Also, there is a lack of policy, procedures and operational framework that will ensure a consistent standard of delivery and quality assurance across the cluster network to safeguard the candidate, the robustness of the relevant SQA accredited qualifications and the reputation of all key stakeholders.</p>	Medium	<p>Until October 01, 2013, due to HSE regulation ITC had to operate with some of the function of a large centre with many 3rd parties [eg assessor training] and as an Awarding Body regulated by SQA. The removal of HSE regulation was delayed from Oct 2012, to April 2013 to Oct 2013 [at short notice each time]. This delayed the implementation of planned changes by ITC, resulting in ITC not uploading new documents to reflect the changes and some confusion for some Centres. This cannot happen again.</p> <p>ITC regulates and reports on Centres. Clusters are Centres who choose to collaborate to share experience, good practice and especially IQA resources. Groups of centres that share common IQA are called 'Clusters of Centres'. Centres are individually regulated and risk rated by ITC although if the assessment decisions of one Centre in a cluster are found to be at risk then all Centres in the cluster are at risk. See document – CR1 '6 monthly EQA report on Cluster Centres.' Each report describes how risk is allocated to centres who are cluster members</p> <p>As ITC regulates Centres, [but allows Centres to use clusters as part of its IQA process] consistency of standards is maintained.</p>	

			<p>Evidence 7: Completed CR1</p> <p>To ensure no undue dominance ITC will produce an updated code of practice for cluster operation CCOP. One item will require the cluster name, not to be a member Centre name. If this is the case the cluster will be treated as a split site Centre.</p> <p>Evidence 8 CCOP</p> <p>SfH Assessment Principles and HSE GI3 documents [October 2013] clarified the requirements for IQA qualifications. Essentially IQA staff must hold an IQA qualification or attend an awarding body IQA CPD event. ITC is to provide 2 IQA events annually and each cluster is to send a minimum of one staff member to this event [whether they hold an IQA qualification or not] annually. Correspondence to be sent to each Centre.</p> <p>Evidence 9: Correspondence to each Centre</p> <p>Evidence 10: ITC IQA CPD programme</p> <p>At October 01, 2013 the document PR0 was withdrawn and all Centre assessors and verifiers follow the requirements of ITC document V1. This document is to be reviewed and uploaded by end of March.</p>	<p>By, 31 March 2014</p> <p>CCOP by March 31 2014</p> <p>By March 31, 2014</p> <p>By March 31, 2014</p>
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			<p>Evidence 11: V1</p> <p>There is no bottleneck in processing Centre applications. All Centre applications have been processed within our customer charter deadlines. No Centre has had its application delayed. A customer charter quarterly report is provided to the Policy Committee, by the Awards Manager and Chief Verifier, and all occurrences outside the deadlines recorded. There is no record in the Policy Committee minutes of this. The minutes over the previous 30 policy committee meeting can be provided upon request.</p> <p>Extension to 30 June 2014.</p>	
<p>Principle 6</p>	<p>A number of centres offering SQA accredited provision have not been subject to external verification as part of relevant cluster activity with the specified minimum timeframes.</p>	<p>Medium</p>	<p>On the date of the audit visit a small number (16) of Centres, belonging to clusters offering SQA qualification had not benefitted from an individual centre EQA visit in 2013. Although they had benefitted from verification activities in previous years. All 16 centres had benefitted from EQA the previous year and had a low Risk Rating. Evidence for all centres currently archived on ITC Website. These Centres will be visited [priority status] as they organise their next training course</p> <p>EQA report for every centre delivering SQA qualifications will be in place as soon as is practicable. The EQA visit to these 16 identified Centres will be given highest priority in the EQA sampling plan for 2014. An EQA report will be in place for every Centre delivering SQA qualifications by end of 2014 [the exact date will be determined by the date of the next programmed course at the centre] See January Policy Committee minutes</p> <p>Evidence 12: Jan PC minutes</p>	<p>Jan PC minutes by Feb 28, 2014</p>

		<p>Two EQA staff have been engaged, who previously had not attended the annual EQA workshop in 2013 and so were not on the EQA list at the time of the audit visit. Individual workshops have been given to both individuals so full capacity is now available</p> <p>Evidence 13: EQA Workshop agenda</p> <p>Evidence 14: EQA Centre visit plan 2014 Extension to 30 June 2014. Extension to 31 December 2014.</p>	<p>March 31, 2014</p> <p>March 31, 2014</p>
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Signatures of agreement of Action Plan

For and on behalf of ITC First Aid:

Signature

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Date

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For and on behalf of SQA Accreditation:

Signature

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Date

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8 Acceptance of audit findings

For and on behalf of ITC First Aid:

Signature

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Designation

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Date

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For and on behalf of SQA Accreditation:

Signature

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Designation

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Date

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