



Centre Monitoring Report

Pearson Education Limited

7 March to 25 April 2014

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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1 Introduction

1.1 Scope and approach of centre monitoring

SQA Accreditation conducts quality assurance activities of all awarding bodies offering SQA accredited qualifications or Units. This involves monitoring a sample of the awarding body's approved centres/providers or assessment sites. All centre monitoring will be conducted in a consistent manner within and between centres. The aim of monitoring is 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.**
- ◆ Confirm that quality assurance arrangements are being conducted by the awarding body in accordance with its prescribed arrangements.
- ◆ Ensure that quality assurance arrangements are being conducted in a consistent manner, within and between centres.
- ◆ Inform future audit and monitoring activity for the awarding body.

All Principles were included within the scope of the monitoring activity.

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 final centre monitoring date.
- ◆ The awarding body must sign and return the report and associated Action Plan within 30 working days of the centre monitoring 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 Requirements 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 centre monitoring, 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 Centre monitoring report timeline

SQA Accreditation centre monitoring report date	16 July 2014
Date centre monitoring report and Action Plan to be signed and submitted by Pearson	27 August 2014

1.3 Centre monitoring dates

Five centres were monitored between 7 March and 25 April 2014.

1.4 Overview

As a result of the centre monitoring activities, five Requirements have been raised and two Recommendations have been recorded.

The five Requirements form the basis of the Pearson Action Plan. This must be completed and submitted to SQA Accreditation for agreement within 30 working days of the centre monitoring report being issued. The Action Plan must be submitted by 27 August 2014.

Outcome(s)	Area(s) of concern	Risk rating
Requirement 1	Principles 3 and 5	Medium
Requirement 2	Principle 6	High
Requirement 3	Principle 7	Medium
Requirement 4	Principle 13	Medium
Requirement 5	Principle 18	Medium
Recommendation 1	Principles 5 and 6	N/A
Recommendation 2	Principle 7	N/A

2 Centre monitoring 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 Areas of good practice

The following areas of good practice were noted by centres:

- ◆ Centre 1 highlighted how easy it was to use the awarding body's online candidate registration and certification system, and also praised the quick issuing of certificates.
- ◆ Centre 2 noted the excellent support provided, when sought.
- ◆ Centre 3 identified the helpfulness of the Regional Quality Managers of the awarding body, in that they would take the time to visit the centre to offer help and support.
- ◆ Centre 4 stated that the awarding body's services were straightforward to use and made it easier to run the centre.
- ◆ Centre 5 highlighted the excellent support of their External Verifier.

2.2 Requirements

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.

Principle 5: The awarding body must promote a culture of continuous improvement within the organisation and throughout their approved centres, and have in place a system which allows them to manage risk.

The Accreditation Auditor could not clearly evidence Quality Review Development visits taking place at either Centres 3 or 4, as prescribed by the *UK Vocational Quality Assurance Handbook*. Upon reading this guide, the Accreditation Auditor believed that this activity is undertaken once a year alongside one Standard Verification visits. Both centres provided reports for review which the Accreditation Auditor identified as being Standards Verification reports, with no mention of Quality Review Development.

The evidence available indicates that Pearson does not meet the requirements of Principles 3 and 5. This has been raised as **Requirement 1**.

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.

At Centres 1 and 2, the Accreditation Auditor evidenced a large proportion of out of date staff records for continual professional development (CPD). Assessors at Centre 1 had extensive CPD records from 2011 to 2012, however this seemed to cease after 2012. It was noted that some records state 2012–present or 2012–ongoing, but these lacked substance. Centre 2 also could not evidence sufficient current CPD, with staff records last updated in early 2013. The Accreditation Auditor therefore could not evidence sufficient CPD to comply with the Assessment Strategy of the SQA accredited qualifications being reviewed at those particular visits. Additionally, the majority of recorded CPD evidenced at Centre 3 consisted only of internal centre standardisation meetings, which the auditor considers insufficient, based on reading the Assessment Strategy for the particular SQA accredited qualifications being reviewed.

Whilst reviewing documentation at Centre 2, the Accreditation Auditor could not evidence formal documents specifically noted within the awarding body's policy, *Guide to Pearson Vocational Centre Recognition*, as the minimum required before approval. The documents that could not be clearly evidenced were a *Recognition of Prior Learning/Accreditation of Prior Learning; Reasonable Adjustment/Special Considerations; Conflict of Interest Policy and Adverse Effects*. Furthermore, the Centre Co-ordinator stated to the Accreditation Auditor that when the external verification visits take place, the individual External Verifier no longer reviews the centre's quality folder. Therefore, the Accreditation Auditor is concerned that the EV could potentially be missing important areas of centre running. This appears to be the case as Centre 2's files had not been updated and therefore the centre could not provide specimen signatures for some assessors, which does not correspond with the awarding body's *UK Vocational Quality Assurance Handbook: Chapter 10: Standards Verification for NVQ, SVQ and competence-based qualifications*. Centre 1 also could not provide a specimen signature for an assessor. Additionally at Centre 2, assessor CVs on file were out of date, again contrary to the awarding body policy requirements mentioned above.

Additionally, Centre 5 could not provide the Accreditation Auditor with certificates (or copies) of necessary qualifications for several employed assessors, nor could they provide Assessor and Internal Verifier qualifications for some individuals.

The evidence available indicates that Pearson does not meet the requirements of Principle 6. This has been raised as **Requirement 2**.

Principle 7: The awarding body must ensure that SQA Accreditation is granted access to the awarding body, their approved centres, assessment locations, staff, learners, premises, meetings, documents, data, analysis and evaluations on request.

Prior to undertaking centre monitoring visits, the Accreditation Auditor reviewed the centre information provided by the awarding body on Quickr, in particular currently approved centres and approved SQA accredited qualifications that these centres were delivering. However, when arranging a visit to a listed centre the Accreditation Auditor was advised that the centre was no longer approved by Pearson and hadn't been for a number of months. Secondly, information pertaining to centre-approved qualifications at Centre 5 was incorrect

and when the Accreditation Auditor visited they were delivering an SQA accredited qualification that had not been noted against the centre within the information uploaded to Quicr.

Finally, the Accreditation Auditor identified statistical errors in candidate registration and certification figures at Centre 2. The statistical data supplied by the awarding body appeared to be inaccurate as the centre had very different candidate data and the centre could not explain the discrepancy.

The evidence available indicates that Pearson does not meet the requirements of Principle 7. This has been raised as **Requirement 3**.

Principle 13: The awarding body must have clearly defined processes for reasonable adjustments to assessments.

At Centre 1 and 3 the Accreditation Auditor could not clearly evidence a reasonable adjustment/special considerations policy.

The evidence available indicates that Pearson does not meet the requirements of Principle 13. This has been raised as **Requirement 4**.

Principle 18: The awarding body and their centres must deal with complaints on a fair and equitable basis, in line with their published procedures and timescales, and without unreasonable delay. The awarding body, their centres and learners must be made aware of how and when they can complain to SQA Accreditation. Where a complaint is upheld, the awarding body and/or centre must take appropriate, corrective and/or preventative action.

The Accreditation Auditor noted that Centres 1, 2 and 4, did not adequately reference SQA Accreditation within each centre-devised complaints policy as the qualifications regulator for SQA accredited qualifications, which candidates could contact.

The evidence available indicates that Pearson does not meet the requirements of Principle 18. This has been raised as **Requirement 5**.

2.3 Recommendations

Principle 5: The awarding body must promote a culture of continuous improvement within the organisation and throughout their approved centres, and have in place a system which allows them to manage risk.

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.

Whilst reviewing assessor qualifications at Centre 2, the Accreditation Auditor noted that the assessor appeared to have a general qualification within the area of the qualification being

assessed, but remained doubtful as to whether this qualification would be considered specific enough to qualify the assessor as being occupationally competent as per the Assessment Strategy.

The Centre 2 co-ordinator could not recall being sent any formal documentation or guidance, when the centre was approved, regarding processes or procedures for further qualification approval or for advising new satellite sites and new staff. It was only because of the Centre Co-ordinator's knowledge and experience that they knew where to look and who to speak to regarding such aspects. This raises concerns with regard to any new centres being approved by the awarding body, in terms of knowing when and how to inform the awarding body of changes. Furthermore, Centre 3 noted the lack of communication regarding online updates made to any of the qualification handbooks or quality manuals. To overcome any problems that may arise from unknown changes the centre has a system in place to periodically review such documents to ensure no changes have occurred.

The Accreditation Auditor was informed by Centres 3 and 4 that on a few occasions after sending candidate answer papers to the awarding body for marking, some were not resulted. The answer papers appeared to get misplaced during the marking process and the centres (who had photocopied the answer sheets because this had happened previously to them) had to resend these to the awarding body to mark.

Finally, Centre 5 mentioned to the Accreditation Auditor about the difficulty of gaining further qualification approval and the lengthy timeframe of six months it took from application to qualification approval. Former EDI staff at the centre commented that the centre's application had been overlooked in error because of the merger of EDI into Pearson. It was suggested by the centre that such problems had not occurred in the past but appeared to begin when EDI merged with Pearson.

It is recommended that the awarding body, taking each of the above in turn: firstly, continue to review centre staff qualifications on a regular basis; secondly, ensure centres are being provided with all information pertaining to centre activity or directed to such information and keeping centres regularly updated; thirdly, ensure robust procedures are in place for the marking of examination papers to prevent the loss of papers whilst being processed: Fourthly, conform where appropriate to published timescales or where necessary review and change if unable to comply.

This has been recorded as Recommendation 1.

Principle 7: The awarding body must ensure that SQA Accreditation is granted access to the awarding body, their approved centres, assessment locations, staff, learners, premises, meetings, documents, data, analysis and evaluations on request.

When visiting centre 2, the Accreditation Auditor was presented with only archived portfolios; no current ongoing ones were present to sample. It is recommended that the awarding body make centres aware that when the Regulator visits, portfolios should be made available for the Accreditation Auditor to choose a sample from.

This has been recorded as Recommendation 2.

3 List of documents reviewed during centre monitoring

Document title	Date of issue	Version number
Contract Trainer and MA Employer		
Staff Assessment Malpractice		
Health and Safety Policy	19/04/2013	
Equal Employment and Non-Discrimination Policies	19/04/2013	
Complaints Policy	18/04/2013	
Appeals Policy	19/04/2013	
Personal Harassment Policy and Procedure	18/04/2013	
Staff Training and Development Policy	18/04/2013	
Candidate Induction Checklist		
Modern Apprenticeship Welcome Pack <ul style="list-style-type: none"> - Induction - Complaints Procedure - Candidate Induction Checklist - Appeals Procedure - Appeal Report - Plagiarism 	May 2013	
Risk Assessment		
Health and Safety Report and Questionnaire	March 2009	
Quality Procedures		
Internal Verification Working Instructions Flowchart		
Moderation Meetings	July 2013 2 April 2013	
Staff Meeting	21 January 2013 5 November 2012	
Assessor IV Competency List		

Centre Information, Advice and Guidance Policy	01/14	
Health and Safety Policy	01/11	
Equal Opportunity Policy — Staff		
Employee Handbook		
Malpractice Policy		
Document Retention Policy		
Staff Training and Development Policy		
Leaver policy — Learner		
Monthly Management Meeting Schedule 13/14		
Meeting Schedule IV/Assessor 12/13		
Candidate Tracking Policy and Procedure		
Assessor/Learner Policy and Planning Procedure		
S/NVQ Centre — Verifier/Assessor Induction		
Learner/Candidate Induction Completion		
Candidate Experience Form		
Client Experience Form		
Site Selection Checklist		
Q02 — Assessment Procedure		
Q03 — Internal Verification Procedure		
Guidance Procedure to Assessment Planning		
Candidate Handbook		
Team Meeting Minutes	04/02/14 20/12/13 05/11/13	
Standardisation Meetings	11/11/13 08/10/13	
Registrations		
BTEC Test Control Sheet		
Test Room Checklist		

BTEC Test Log	24/02/14	
Candidates Test Paper Checklist		
Maybo Tutor Pack	24/02/14	
Delegate Record		
Centre Quality Policy		
Internal Assessment Policy		
Internal Verification of Assessment Decision		
Sample Certificates		
Rights and Responsibilities		
Academic Honesty		
Appeals Procedures		
Health and Safety Policy		
Equality and Diversity Policy		
Customer Care Policy		
Standards of Service		
Complaints Policy		
Application of Reasonable Adjustment Form		
Certificate of Employer's Liability Insurance	July 13- July 14	
Professional Indemnity Insurance	July 13 – July 14	
Health and Safety Policy	May12	
Qualification Approval Application Form	June 2008	
Staff induction — Trainer Assessor	Oct 2010	2
Continuing Professional Development		
Internal Verification Policy	Oct 2010	2
Equality and Diversity	March 12	2
Dignity at Work Harassment Policy	March 12	2
Health and Safety at Work Risk Assessment		

BTEC Registration Procedures	09/2010	2
BTEC Examination Procedures	29/09/10	3
Uploading PI candidate grade to Edexcel online system		
BTEC Results Procedure		
BTEC Examination Procedure		
SIA Section Meeting	24/4/13 26/7/13 08/01/14	
Evaluations Procedure	02/2012	4
EDEXCEL devised reasonable adjustment and special considerations policy for BTEC		
Internal Verification Checklist: Physical Intervention Training: Trainers' Checklist		
Quality Checklist	27/10/07	4
Upskilling Door Supervision Learner Agreement	Nov 11	3
Data Protection Declaration		
Client Fitness Questionnaire		
Malpractice Policy		
Health and Safety Policy		
Fair Assessment and Access Policy		
Data Protection Notice		
Equal Opportunities and Anti-Discriminatory Assessment		
Confidentiality Policy		
Complaints Procedure		
Anti-discriminatory Performance Criteria		
Internal Verification Procedure Update		
Internal Verification Procedure		
Internal Verification Plan		
Assessor Sampling Plan		

Internal Verification Sampling Report		
IV monitoring Report		
IV Monitoring Guidelines		
IV Summary Feedback Sheet		
Standardisation Meeting Minutes	17/01/14 30/06/13 20/12/2012 03/11/12	

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 Action Plan

A separate document in Microsoft Word has been forwarded with this centre report.

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
Principles 3 and 5	<p>Requirement 1 The awarding body must ensure both quality review development and standards verification visits take place in line with documented quality assurance procedures for BTEC qualifications.</p>	Medium	<p>We have run a report of all centres offering SQA accredited BTEC qualifications with 2013/14 active registrations. We cross referenced the list with our internal system to confirm centres had received the required QRD and SV visits. All centres that we expected to have received SV and QRD visits have received them.</p> <p>A review of QRD and BTEC SV reports was undertaken to confirm that there is clear differentiation between the reports which is clear to centres. The QRD report is titled '<i>Quality Review and Development report</i>'. The SV report for BTEC is titled '<i>Standard Verifier Report</i>'. The formats of the reports look visibly different. The BTEC UK Quality Assurance Handbook 2014-15 Handbook includes individual sections that explain the purpose of each type of visit.</p> <p>Extension to 15 October 2014.</p> <p>Closed out 15 October 2014.</p>	<p>13th August 2014. Extension to 15 October 2014.</p> <p>Closed out 15 October 2014.</p>

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
Principle 6	<p>Requirement 2 The awarding body must ensure that staff involved in the delivery and assessment of SQA accredited qualifications must ensure that qualifications of current centre assessors are valid and up-to-date and have appropriate continuous professional development records that demonstrate upkeep of competency levels expected.</p> <p>The awarding body must ensure that all centres have clear documented policies that satisfy the awarding body's documented requirements.</p>	High	<p>Both the SVQ SV reports and QRD reports for BTEC qualifications include checks to confirm that qualifications of current centre assessors are valid and up-to-date and have appropriate continuous professional development (CPD) records that demonstrate upkeep of competency levels expected. These checks are referenced in the reports (template reports to be forwarded to SQA by 30th September 14). For SVQ SV reports reference is made under the '<i>centre recognition criteria</i>' section. For QRD reports reference is made under the '<i>Managing Resource: Staff resources</i>' section. If centres do not meet these requirements then the SV or Centre Quality Reviewer (CQR) would raise this as an issue to be addressed by the centre and progress would be tracked and reviewed.</p> <p>Principle 6 states that 'the awarding body and their approved centres must have the relevant expertise, quality assurance procedures...during the life of the qualifications and units they offer', and we have processes to ensure this. The SVQ SV and QRD visits include checks to confirm that centres have the required documented policies to meet our requirements, these are referenced in the reports (template reports to be forwarded to SQA by 30th September 14). If an SV or CQR finds that centres do not have the required policies this would be raised as an issue to be addressed by the centre and progress would be tracked and reviewed.</p>	31 st December 14

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
	The awarding body must ensure that External Verifiers continue to monitor all aspects of a centre, including their quality documents.		We will continue to ensure that our SVs for SVQ programmes and CQRs for SQA accredited BTEC programmes continue to monitor centre quality documents. SVs and CQRs will be reminded of this via a communication once allocations have been made by Vocational Assessment. SQA will be forwarded a copy of the communication (31 st December 14).	
Principle 7	<p>Requirement 3 The awarding body must ensure that data submitted to SQA Accreditation is accurate.</p>	Medium	<p>Due to the Pearson/EDI integration data for centres offering SQA accredited qualifications was provided to SQA via Quickr by two separate teams at different times of the academic year 2013/14 for Pearson and EDI centres. In future we will ensure that centre data for all centres offering SQA accredited qualifications managed by one team, the Regulatory Policy and Monitoring Team. They will be responsible for providing accurate data on Quickr.</p> <p>Vocational Assessment will issue a communication to all SVs allocated to centres offering SQA accredited qualifications reminding them to advise centres of the importance of withdrawing candidates that are no longer active on programmes (31st December 14) .</p>	31 st December 14

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
Principle 13	<p>Requirement 4 The awarding body must ensure that centres have a reasonable adjustment/special consideration policy or a clearly defined process for candidates to utilise.</p>	Medium	<p>The QRD visit for BTEC centres includes a check to confirm that centres have policies and procedures for managing special consideration and reasonable adjustment and that such policies must be regularly reviewed (report template to be forwarded to SQA – 30th September 14).</p> <p>The Pearson SVQ SV visit includes a check to confirm that centres have an access and fair assessment policy and practice that is understood and complied with by assessors and candidates (report template to be forwarded to SQA – 30th September 14). This is also supported by the centre guidance document '<i>Pearson Edexcel NVQs, SVQs and competence-based qualifications – Delivery Requirements and Quality Assurance Guidance</i>' advising that such policies and procedures should be documented and there should be access and fair assessment policy review.</p> <p>Although SVs for EDI SVQs should be checking that centres have a reasonable adjustment/special consideration policy, the EDI SVQ SV visit form does not explicitly reference a check to be carried to ensure that the centre has a reasonable adjustment/special consideration policy. Vocational Assessment will ensure that the EDI SV report form will be revised to make this requirement more explicit and it will also be referred to in EDI SV guidance (revised documents to be forwarded to SQA by 30th September 14).</p> <p>Closed out 8 October 2014.</p>	30 th September 14

Areas of concern	Requirement	Risk rating	Proposed action (Please include a description of your intended methodology and details of the evidence that will be provided.)	Target date for completion
Principle 18	<p>Requirement 5 The awarding body must ensure centre-devised complaints policies include reference to SQA Accreditation as the qualifications regulator and that contact details are included.</p>	Medium	<p>Vocational Assessment will issue a communication to all centres offering SQA accredited qualifications reminding them that their centre devised complaints policies must include reference to SQA Accreditation as the qualifications regulator and that contact details are included (a copy of the issued communication will be forwarded to SQA by 31st October 14).</p> <p>Vocational Assessment will also issue a communication to all SVs allocated to centres offering SQA accredited qualifications requiring them to check that centre complaints policies meet SQA requirements (a copy of the issued communication will be forwarded to SQA by 31st December 14).</p>	31 st December 14

Signatures of agreement of Action Plan

For and on behalf of Pearson Education Limited:

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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6 Acceptance of centre monitoring findings

For and on behalf of Pearson Education Limited:

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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