

SAIMC CPD Audit and Review Plan

Version 1.0

1 Purpose of the Audit & Review Plan

The purpose of this plan is to ensure that SAIMC NPC:

- Maintains full compliance with ECSA CPD Licensed Body requirements
- Ensures consistent quality of verification and validation activities
- Identifies risks, deficiencies, and opportunities for improvement
- Demonstrates continuous improvement of the CPD QMS
- Ensures traceability, accountability, and transparency

This plan applies to all CPD verification and validation processes, systems, records, and personnel.

2 Audit Structure

SAIMC NPC will implement three layers of audit and review:

- Operational Reviews – Monthly
- Internal QMS Audits – Quarterly
- Annual External Review / Independent Oversight – Annually

This layered approach ensures both **continuous monitoring** and **formal assurance**.

3 Monthly Operational Review (Level 1)

3.1 Objective

Ensure that day-to-day CPD processes are functioning correctly and that no backlogs, errors, or risks are emerging.

3.2 Scope

- Verification applications (ECPD7)
- Validation applications (ECPD2 / SAIMC spreadsheet)
- CPD number issuance
- Attendance registers received
- Feedback forms received
- OneDrive filing completeness
- Database accuracy

3.3 Activities

- Review all new and completed assessments
- Confirm that all issued CPD numbers match database entries
- Check OneDrive folders for completeness
- Confirm that all attendance registers include CPD numbers, dates, and presenter names
- Review any complaints received

3.4 Responsibility

SAIMC NPC Administrator + CPD Coordinator

3.5 Output

A short Monthly CPD Compliance Report stored in OneDrive.

4 Quarterly Internal QMS Audit (Level 2)

4.1 Objective

Evaluate the effectiveness of the QMS and ensure compliance with ECSA requirements.

4.2 Scope

- Verification process compliance
- Validation process compliance
- Numbering system integrity
- Record-keeping completeness
- Presenter qualification documentation
- Agreements and contingency plans
- Reimbursement policy compliance
- Website publication of processes
- Version control of documents

4.3 Audit Method

- Sampling of at least **10% of all CPD activities** validated in the quarter
- Sampling of **all new VSP verifications**
- Cross-checking database entries against OneDrive records
- Reviewing assessment score sheets (Attachment A)
- Reviewing feedback forms (Attachment B)

4.4 Responsibility

Internal Audit Team appointed by the CEO

(At least one person must not be involved in daily CPD operations.)

4.5 Output

A Quarterly Internal Audit Report including:

- Findings
 - Non-conformances
 - Corrective actions
 - Preventive actions
 - Deadlines and responsible persons
-

5 Annual External Review / Independent Oversight (Level 3)

5.1 Objective

Provide independent assurance to the SAIMC NPC Board and ECSA that the CPD QMS is functioning effectively.

5.2 Scope

- Full review of verification and validation processes
- Review of numbering systems
- Review of QMS documentation and version control
- Review of annual audit of invoices and payments
- Review of CPD provider monitoring
- Review of suspended or revalidated activities
- Review of complaints and resolutions

5.3 Method

- Independent reviewer (external auditor or senior SAIMC NPC member not involved in CPD operations)
- Review of a **representative sample** of CPD activities across all branches and providers
- Interviews with CPD Coordinator and Administrator
- Review of database and OneDrive structure
- Review of website content



SAIMC NPC

2010 / 014 751 / 08

Tel: +27 (0) 11 312 2445

e-mail: ina@saimc.co.za

Address: Postnet Suite # 002

Private Bag X59, Halfway House,
1685

Website: www.saimc.co.za

5.4 Output

A Formal Annual CPD Assurance Report submitted to:

- SAIMC NPC Board
 - CEO
 - Retained for ECSA audits
-

6 Corrective and Preventive Action (CAPA) Process

All findings from monthly, quarterly, or annual reviews must be logged in a **CAPA Register**.

6.1 Corrective Actions

Triggered when:

- A process was not followed
- A record is missing
- A CPD number was incorrectly issued
- A presenter did not meet requirements
- A complaint is validated

6.2 Preventive Actions

Triggered when:

- A risk is identified
- A pattern emerges
- A system weakness is detected

6.3 CAPA Requirements

Each CAPA entry must include:

- Description of issue
 - Root cause
 - Corrective action
 - Preventive action
 - Responsible person
 - Deadline
 - Verification of closure
-

7 Annual Management Review

The CEO will conduct an annual management review of the entire CPD QMS.

7.1 Inputs

- Quarterly audit reports
- Annual external review
- Complaints log
- CAPA register
- ECSA feedback (if any)
- Statistics:
- Number of VSPs verified
- Number of activities validated
- Number of suspended activities
- Number of revalidations
- Number of complaints

7.2 Outputs

- Updated QMS documents
 - Updated processes
 - Updated version control
 - Training requirements for staff
 - Recommendations to the Board
-

8 Audit Schedule Summary Table

Audit Level	Frequency	Performed By	Output
Operational Review	Monthly	Administrator + CPD Coordinator	Monthly CPD Compliance Report
Internal QMS Audit	Quarterly	Internal Audit Team	Quarterly Internal Audit Report
External Review	Annually	Independent Reviewer	Annual CPD Assurance Report
Management Review	Annually	CEO	Updated QMS + Board Submission

9 Continuous Improvement Commitment

SAIMC NPC commits to:

- Maintaining a living QMS
- Updating processes when ECSA requirements change
- Ensuring all CPD activities meet the highest professional standards
- Ensuring transparency, traceability, and accountability
- Ensuring that all corrective actions are implemented and verified