

A. SAIMC CPD QUALITY MANAGEMENT SYSTEM (QMS)

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1 Introduction

The **Society for Automation, Instrumentation, Mechatronics and Computer Engineering NPC (SAIMC NPC)** maintains a comprehensive Quality Management System (QMS) governing the administration of:

- Verification of CPD Service Providers (VSPs)
- Validation of CPD Category 1 Activities

This QMS ensures that all Continuing Professional Development (CPD) activities assessed by SAIMC NPC meet the standards, requirements, and professional competencies defined by the Engineering Council of South Africa (ECSA).

SAIMC NPC operates within its defined scope of competence:

- Professional Engineer (Mechatronics)
- Professional Engineering Technologist (Mechatronics)
- Professional Engineering Technician (Mechatronics)
- Specified Category: Enterprise Integration Practitioner
- Automation, Instrumentation, Control Systems, Measurement Systems, Mechatronics, and Industry 4.0 Technologies

2 QMS Governance and Document Control

All SAIMC NPC CPD processes are:

- Documented
- Version-controlled
- Published on the SAIMC website
- Reviewed annually or when regulatory changes occur

“All SAIMC processes are documented and placed on the website... Changes to the documentation will be accompanied by a version number.”

Documents submitted for assessment must be provided in digital format.

All records are retained in accordance with SAIMC NPC’s organisational policy on document and data control.

3 Systems Used in the QMS

SAIMC NPC uses the following systems to administer CPD verification and validation:

3.1 Microsoft Database

Used for:

- Provider records
- Activity records
- Invoices and payments
- Tracking verification and validation numbers
- Validity periods

“The database is a Microsoft database that is used for invoices, payments etc.”

3.2 OneDrive Filing System

Used for:

- Event material
- Attendance registers
- Feedback forms
- Presenter documentation
- Agreements and contingency plans
- Assessment score sheets

“The database used for filing the event material as well as the attendee registers and the feedback forms are filed in a filing system on OneDrive.”

3.3 Microsoft Excel

- Used for:
- Assessment score sheets
- Tracking sheets
- ECPD7 and ECPD2 processing

3.4 SAIMC WordPress Website

Used for:

- Publishing CPD processes
- Providing downloadable forms
- Hosting online questionnaires for Technical Evenings

3.5 Backup and Audit

- All data is backed up regularly to an external disk
 - All invoices and payments undergo a full annual audit before the SAIMC NPC AGM
-

4 Verification of CPD Service Providers (VSPs)

(ECSA Requirement 1(a))

4.1 Documented Verification Procedure

SAIMC NPC follows a structured verification process:

- Submission of **Form ECPD7** with required documents
- Administrative completeness check
- Assessment of:
 - Company profile
 - Responsible person
 - Scope of CPD activities
 - QMS evidence
 - Agreements and contingency plans
- Site visit (if required)
- Outcome issued:
 - Verified
 - Verified with recommendations
 - Declined
- Letter of outcome sent to applicant
- Record-keeping in the SAIMC database and OneDrive archive

“The outcome will be: Verified, Verified with specific recommendations, or Declined... The applicant receives a letter.”

4.2 Database and System for VSP Records

- The SAIMC NPC database contains:
- Provider details

- Verification status
- Validity dates
- Supporting documentation
- Assessment notes
- Invoices and purchase orders

4.3 Procedure for Generating Verification Numbers

Verification numbers are:

- Sequential
 - Unique
 - Generated through a controlled numbering system
 - Stored in the Microsoft database
 - Linked to the provider's verification record
-

5 Validation of CPD Activities (Category 1)

(ECSA Requirement 1(b))

5.1 Documented Validation Procedure

SAIMC NPC follows the process below:

- Submission of event application (ECPD2 or SAIMC event spreadsheet)
- Submission of advertisement and programme
- Quotation based on hours and admin fee
- Submission of full event material
- Assessment using the SAIMC Score Sheet (Attachment A)
- Outcome issued:
 - Full Validation
 - Restricted Validation
 - Rejected
- Issuing of CPD number
- Submission to ECSA for upload

- Record-keeping in database and OneDrive

“If the assessment is successful, SAIMC will send an invoice with the CPD number... After payment is received, SAIMC will forward the required documentation to ECSA.”

5.2 Database and System for Activity Records

The SAIMC NPC database contains:

- Activity details
- Validation status
- Presenter CVs and IDs
- Agreements and contingency plans
- Attendance registers
- Feedback forms
- Certificates issued
- Validity periods (3 years unless materially changed)

5.3 Procedure for Generating Validation Numbers

Validation numbers are:

- Generated after successful assessment
- Issued before payment
- Sequential and unique
- Stored in the Microsoft database
- Referenced on certificates, attendance lists, and ECSA submissions

6 Quality Assurance Mechanisms

SAIMC NPC ensures quality through:

6.1 Presenter Qualification Checks

- CV
- Certified ID
- Experience and academic background

- Signed availability confirmation

6.2 Content Quality Review

- Balanced, non-promotional content
- Alignment with ECSA competencies
- Appropriate depth and breadth
- Sufficient time for discussion

6.3 Attendance Verification

Two methods are used:

- Multiple-choice test
- Attendance register after each break

6.4 Feedback and Evaluation

Mandatory feedback forms (Attachment B) evaluate:

- Content quality
- Presenter effectiveness
- Venue suitability
- Learning experience

6.5 Monitoring and Auditing

- SAIMC NPC reserves the right to attend any validated event
- CPD numbers may be suspended if quality issues arise
- Revalidation required if material changes occur

7 Record-Keeping Requirements

- SAIMC NPC retains the following records:
- CPD Service Provider records
- Event documentation
- Presenter details

- Assessment results
 - Validity dates
 - Quotes, invoices, and purchase orders
 - Attendance registers
 - Feedback forms
 - Signed agreements
 - Contingency plans
 - Certificates issued
-

8 Reimbursement and Refund Policy

SAIMC NPC maintains a transparent reimbursement policy:

- Costs must be justifiable
 - Participants must be informed of reimbursement procedures
 - If ECSA does not accept a CPD number, the customer is refunded in full
 - No administration fees are charged in such cases
-

9 Responsibilities of SAIMC NPC as a Licensed Body

SAIMC NPC:

- Verifies CPD Service Providers
 - Validates CPD Category 1 Activities
 - Ensures quality of CPD activities
 - Monitors and audits verified providers
 - Operates strictly within its defined scope of competence
-

10 Compliance Statement

SAIMC NPC confirms that:

- All verification and validation processes are documented, controlled, and auditable
- All systems required by ECSA are operational
- All CPD activities are assessed within SAIMC NPC's defined scope



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- The QMS meets the requirements of the ECSA CPD Framework
 - SAIMC NPC is committed to continuous improvement and regulatory compliance
-

11 ECSA Compliance Matrix — Verification & Validation Requirements

ECSA Requirement	SAIMC NPC Evidence
1(a) Evidence of a comprehensive QMS	Entire QMS document; documented processes; version-controlled procedures; Microsoft database; OneDrive filing system; annual audits.
1(a)(i) Documented process & procedure for verification	Section 4.1: Verification workflow; ECPD7 process; site visit procedure; outcome letters; 30-day turnaround.
1(a)(ii) Database & system containing information on VSPs	Section 3.1 & 3.2: Microsoft database storing provider details, verification status, validity dates, assessment notes, invoices.
1(a)(iii) Procedure & system for generating verification numbers	Section 4.3: Controlled sequential numbering system stored in Microsoft database; unique, auditable, linked to provider record.
1(b)(i) Documented process & procedure for validation	Section 5.1: Validation workflow; ECPD2 process; assessment using Score Sheet; outcome categories; 30-day turnaround.
1(b)(ii) Database & system containing information on activities	Section 5.2: Database storing activity details, presenter CVs, agreements, attendance registers, feedback forms, certificates, validity periods.
1(b)(iii) Procedure & system for generating validation numbers	Section 5.3: Sequential numbering system; issued before payment; stored in database; referenced on certificates and ECSA submissions.
Quality assurance mechanisms	Section 6: Presenter qualification checks; content review; attendance verification; feedback forms; SAIMC NPC audit rights; suspension and revalidation procedures.
Record-keeping requirements	Section 7: Comprehensive list of retained records; OneDrive filing system; database entries; annual audit.
Reimbursement policy	Section 8: Full refund if ECSA rejects CPD number; no admin fees; cost justification requirement.
Licensed Body responsibilities	Section 9: Verification, validation, monitoring, auditing, scope compliance.
Document control & governance	Section 2: Version control; publication on website; annual review; digital submission requirements.
Systems used	Section 3: Microsoft database; OneDrive; Excel; WordPress; backup and audit processes.

12 Version Management Table

Version	Date	Author / Editor	Changes Made	Approved By
1.0	01 June 2024	Johan Maartens (CEO)	Initial CPD QMS document issued.	CEO, SAIMC NPC
1.1	15 March 2025	Johan Maartens (CEO)	Minor updates to verification and validation workflow.	CEO, SAIMC NPC
2.0	01 June 2026	Johan Maartens (CEO)	Full restructuring and alignment with updated ECSA CPD Framework; explicit mapping of verification & validation systems; inclusion of numbering procedures; updated organisational name to SAIMC NPC.	SAIMC NPC Board
2.1	02 June 2026	Johan Maartens (CEO)	Added Compliance Matrix and Version Management Table for ECSA renewal submission. Changed OneDrive to OneDrive	CEO, SAIMC NPC

B. SAIMC Audit and Review Plan

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

6 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

7 Output

A Formal Annual CPD Assurance Report submitted to:

- SAIMC NPC Board
- CEO
- Retained for ECSA audits

8 Corrective and Preventive Action (CAPA) Process

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

8.1 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

8.2 Preventive Actions

Triggered when:

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

8.3 CAPA Requirements

Each CAPA entry must include:

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

9 Annual Management Review

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

9.1 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

9.2 Outputs

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

10 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

11 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
-

C. CPD Monitoring Dashboard (Strategic + Operational)

1 Dashboard Overview

The SAIMC CPD Monitoring Dashboard provides **real-time oversight** of:

- Verification of Service Providers (VSPs)
- Validation of CPD Activities
- Quality assurance
- Compliance with ECSA requirements
- Risks and corrective actions
- Financial and operational performance

It is structured into five panels, each with measurable KPIs.

2 Panel 1 — Verification Monitoring (VSPs)

KPI	Target	Data Source	Purpose
Number of VSP applications received	Trend only	Database	Workload tracking
Verification turnaround time	≤ 30 days	Database	ECSA compliance
Verification outcomes (Approved / Approved with Recommendations / Declined)	Trend only	Database	Quality & consistency
Outstanding VSP applications	0 older than 30 days	Database	Backlog control
VSPs requiring re-verification	100% completed before expiry	OneDrive + Database	Risk management

3 Panel 2 — Validation Monitoring (CPD Activities)

KPI	Target	Data Source	Purpose
Number of CPD activities submitted	Trend only	Database	Demand tracking
Validation turnaround time	≤ 30 days	Database	ECSCA compliance
Validation outcomes (Full / Restricted / Rejected)	Trend only	Score Sheets	Quality assurance
Activities requiring revalidation	100% completed before next presentation	OneDrive	Compliance
CPD numbers issued	Sequential, no gaps	Database	Audit traceability

4 Panel 3 — Quality Assurance Monitoring

KPI	Target	Data Source	Purpose
Presenter documentation completeness (CV, ID, availability)	100%	OneDrive	Compliance
Feedback form average score	≥ 3.5/5	Feedback Forms	Quality of delivery
Number of complaints received	0	Email + Database	Risk indicator
Number of suspended CPD numbers	0	Database	Quality control
Number of SAIMC audits conducted	≥ 1 per quarter	Audit Reports	Oversight

5 Panel 4 — Attendance & Certification Monitoring

KPI	Target	Data Source	Purpose
Attendance registers received	100%	OneDrive	ECSCA audit requirement
Registers with missing CPD numbers	0	OneDrive	Traceability
Certificates issued	100%	Database	Participant compliance

KPI	Target	Data Source	Purpose
Online test completion rate (Technical Evenings)	≥ 80%	WordPress	Learning assurance

6 Panel 5 — Risk & CAPA Monitoring

This panel tracks risk indicators and corrective actions.

Risk Indicator	Threshold	Action Trigger
Turnaround time > 30 days	High	Immediate CAPA
Missing presenter documentation	High	Validation hold
Missing attendance registers	High	CPD number suspension
Complaints about content quality	Medium	Review + revalidation
Gaps in CPD numbering	Critical	Full audit
OneDrive filing inconsistencies	Medium	Admin retraining
ECSA feedback or audit findings	Critical	Board review

7 Dashboard Visual Layout (Recommended)

7.1 Top Row (Strategic KPIs)

- Total VSPs verified
- Total CPD activities validated
- Average turnaround time
- Average feedback score

7.2 Middle Row (Operational KPIs)

- Verification pipeline
- Validation pipeline
- Attendance register compliance
- Presenter documentation completeness

7.3 Bottom Row (Risk & Audit)

- CAPA status
- Complaints log
- Numbering integrity
- Audit findings

This layout mirrors BI dashboards used in engineering governance environments.

8 Review Frequency

Dashboard Component	Review Frequency	Reviewer
Strategic KPIs	Monthly	CEO
Operational KPIs	Weekly	CPD Coordinator
Risk Indicators	Weekly	Administrator
CAPA Register	Monthly	CEO + Coordinator
Audit Findings	Quarterly	Internal Audit Team
Full Dashboard	Quarterly	SAIMC NPC Board

9 Integration With Existing Systems

The dashboard pulls data from:

- **Microsoft Database** → KPIs, numbering, turnaround times
- **OneDrive** → Registers, feedback, presenter documentation
- **Excel** → Score sheets, tracking sheets
- **WordPress** → Online tests, Technical Evening data

This ensures **zero duplication** and **full audit traceability**.

D. Verification Process (VSP Verification)

This is the formal process SAIMC NPC follows to verify **CPD Service Providers (VSPs)** in accordance with the ECSA CPD Framework.

1 Purpose of Verification

Verification ensures that any organisation wishing to offer CPD Category 1 activities:

- Has the **capacity, competence, and systems** to deliver high-quality training
- Meets the **minimum requirements** set by ECSA
- Operates within a **controlled, auditable framework**
- Can be trusted to uphold the professional standards of the engineering community

Verification is **mandatory** before a provider may submit any CPD activities for validation.

2 Overview of the Verification Workflow

The SAIMC NPC verification process consists of seven controlled steps, each documented and auditable.

3 Detailed Verification Steps

3.1 Step 1 — Submission of Application (ECPD7)

The prospective CPD Service Provider submits:

- Completed **ECPD7** form
- Company profile
- Responsible person details
- Scope of CPD activities
- Registration category, discipline, and area of specialisation

- Valid SARS tax clearance
- Company registration certificate
- Evidence of a **Quality Management System**
- Agreements and contingency plans (if applicable)

This is supported by the QMS text:

“The CPD Service Provider application form (Form ECPD7) must be accompanied by all the required documents.”

3.2 Step 2 — Administrative Completeness Check

SAIMC NPC checks that:

- All required documents are present
- All fields in ECPD7 are completed
- Supporting evidence is valid and current

If incomplete, the application is returned with a request for outstanding items.

3.3 Step 3 — Technical Assessment

The SAIMC NPC assessor evaluates:

- The provider’s organisational capacity
- The competence of the responsible person
- The scope of CPD developmental activities
- The provider’s internal QMS
- Agreements and contingency plans
- Evidence of ability to deliver high-quality training

This aligns with:

“The SAIMC will assess the documentation and arrange for a site visit if necessary.”

3.4 Step 4 — Site Visit (If Required)

A site visit is conducted when:

- The provider is new
- The scope is complex
- The QMS evidence is insufficient
- Facilities need to be inspected

The visit verifies:

- Training facilities
 - Equipment
 - Administrative systems
 - Attendance tracking mechanisms
 - Presenter support systems
-

3.5 Step 5 — Verification Outcome

The SAIMC NPC issues one of three outcomes:

1. Verified

Provider meets all requirements.

2. Verified with Recommendations

Minor issues exist but do not prevent verification.

Provider must address recommendations within a specified timeframe.

3. Declined

Provider does not meet the minimum requirements.

This is supported by:

“The outcome will be: Verified, Verified with specific recommendations, or Declined.”

3.6 Step 6 — Issuing of Verification Number

If verified, SAIMC NPC:

- Generates a unique verification number
- Records it in the Microsoft database
- Issues a formal verification letter
- Stores all documents in OneDrive for audit purposes

This satisfies ECSA's requirement for:

- A documented numbering system
 - A database containing VSP approvals, recommendations, and rejections
-

3.7 Step 7 — Record-Keeping and Reporting

All verification records are stored in:

- **Microsoft database** (structured data)
- **OneDrive filing system** (documents, evidence, letters, agreements)

Records include:

- ECPD7 form
- Supporting documents
- Assessment notes
- Site visit reports
- Verification outcome
- Verification number
- Correspondence

This aligns with:

“Records must be kept... The documentation used for the events... The presenters... The assessments results... Validity dates...”

4 Verification Validity

Verification is valid for three years, provided:

- No material changes occur
- No quality issues arise
- The provider remains compliant with ECSA requirements

If changes occur (e.g., new QMS, new ownership, new training scope), the provider must be re-verified.

5 Monitoring of Verified Providers

SAIMC NPC monitors verified providers by:

- Reviewing validated activities
- Checking attendance registers
- Reviewing feedback forms
- Conducting random audits
- Responding to complaints
- Requiring re-verification if quality issues arise

This ensures ongoing compliance and protects the integrity of the CPD system.

6 Why This Process Matters

ECSA expects Licensed Bodies to:

- Apply consistent, documented, auditable processes
- Maintain a database of all VSPs
- Ensure only competent providers deliver CPD activities
- Protect the engineering profession from low-quality training

The SAIMC NPC verification process meets all these requirements.

E. Verification Decision Tree

START

— Has the provider submitted a complete ECPD7 application?

If NO →

Outcome: “Application Incomplete”

Send request for outstanding documents.

Stop process until complete.

If YES →

Proceed to Step 1

1 Step 1 — Does the provider fall within SAIMC NPC’s scope?

(Mechatronics, Automation, Instrumentation, Control Systems, Measurement Systems, Enterprise Integration Practitioner)

If NO →

Outcome: “Declined – Outside SAIMC NPC Scope”

Refer provider to appropriate Licensed Body.

If YES →

Proceed to Step 2

2 Step 2 — Is the provider’s QMS evidence adequate?

(QMS document, procedures, attendance tracking, certification, feedback, contingency plans)

If NO →

Outcome: “Verified with Recommendations – QMS Improvements Required”

Provider must submit corrective evidence before validation of any activities.

If YES →

Proceed to Step 3

3 Step 3 — Does the provider demonstrate capacity to deliver high-quality CPD?

(Training facilities, presenter competence, administrative systems)

If NO →

Outcome: “Declined – Insufficient Capacity”

Provider may reapply once capacity is improved.

YES →

Proceed to Step 4

4 Step 4 — Is a site visit required?

Required if:

- New provider
- Complex scope
- Weak QMS evidence
- High-risk activities
- Unclear facilities or systems

If YES →

Conduct Site Visit

After visit:

- If satisfactory → Proceed to Step 5
- If unsatisfactory → “Verified with Recommendations” or “Declined”

If NO →

Proceed to Step 5

5 Step 5 — Are all presenter requirements met?

(CV, certified ID, experience, availability confirmation)

If NO →

Outcome: “Verified with Recommendations – Presenter Documentation Required”

If YES →

Proceed to Step 6

6 Step 6 — Are all legal and compliance documents valid?

(SARS tax clearance, CIPC registration, agreements, contingency plans)

If NO →

Outcome: “Application On Hold – Compliance Documents Missing/Expired”

If YES → Proceed to Step 7

7 Step 7 — Final Verification Decision

If all criteria met →

Outcome: “Verified”

- Generate verification number
- Record in database
- Issue verification letter
- File all documents in OneDrive

If minor issues exist →

Outcome: “Verified with Recommendations”

- Provider may operate but must correct issues within defined timeframe

If major issues exist →

Outcome: “Declined”

- Provide written reasons
- Provider may reapply after corrective action

8 Step 8 — Record-Keeping & Monitoring

Regardless of outcome:

- Store ECPD7, supporting documents, assessment notes, and decision letter
- Update Microsoft database
- File evidence in OneDrive
- Add provider to monitoring schedule

9 Verification Decision Tree (Text Summary)

Decision Point	Yes →	No →
Complete ECPD7?	Step 1	Incomplete – stop
Within SAIMC scope?	Step 2	Declined
Adequate QMS?	Step 3	Verified w/ Recommendations
Capacity adequate?	Step 4	Declined
Site visit needed?	Visit	Step 5
Presenter requirements met?	Step 6	Verified w/ Recommendations
Compliance documents valid?	Step 7	On Hold
Final decision	Verified	Declined / Recommendations

F. Annual CPD Operations Calendar

(January → December)

A complete, repeatable yearly cycle for Verification, Validation, Quality Assurance, Audits, and Governance.

1 JANUARY — Reset, Prepare, Align

- Restart monthly processing of VSP and CPD activity applications
- Confirm numbering sequences for the new year
- Update website content (forms, instructions, processes)
- Review previous year's CAPA register
- Begin annual QMS review
- Branches confirm Technical Evening schedules

Guided links:

- Verification process
 - Validation workflow
-

2 FEBRUARY — Normal Operations

- Full monthly processing cycle
- Follow up on outstanding presenter documentation
- Ensure all January Technical Evening registers are received
- Update database and Dropbox filing

Guided links:

- Attendance verification
-

3 MARCH — Quarterly Audit 1

- Conduct **Quarterly Internal QMS Audit**
- Sample 10% of validated activities
- Review all new VSP verifications
- Check numbering integrity
- Review complaints log
- Issue **Quarterly Audit Report**
- Implement corrective actions

Guided links:

- Internal audit plan
-

4 APRIL — Operational Stability

- Continue monthly processing
- Ensure all Q1 corrective actions are closed
- Review feedback trends from Q1 events
- Branches prepare Q2 Technical Evenings

Guided links:

- Feedback analysis
-

5 MAY — Mid-Cycle Quality Check

- Review completeness of Dropbox filing
- Review presenter documentation compliance
- Review attendance register completeness
- Prepare for June audit

Guided links:

- Quality assurance requirements
-

6 JUNE — Quarterly Audit 2

- Conduct **Quarterly Internal QMS Audit**
- Review all validations issued since March
- Check numbering sequence for gaps
- Review CAPA register
- Issue **Quarterly Audit Report**
- Implement corrective actions

Guided links:

- CAPA register design
-

7 JULY — Mid-Year Review Preparation

- Prepare mid-year performance summary
- Review VSP validity periods (3-year cycle)
- Identify providers due for re-verification
- Review Technical Evening compliance

Guided links:

- VSP risk indicators
-

8 AUGUST — Operational Continuity

- Continue monthly processing
- Follow up on any outstanding re-verification requirements
- Review feedback and complaints trends

Guided links:

- Complaint handling
-

9 SEPTEMBER — Quarterly Audit 3

- Conduct **Quarterly Internal QMS Audit**
- Review all validations since June
- Review attendance registers and feedback forms
- Check numbering integrity
- Issue **Quarterly Audit Report**
- Implement corrective actions

Guided links:

- Audit findings management
-

10 OCTOBER — Annual Review Preparation

- Prepare documentation for external review
- Update QMS documents
- Update version control table
- Prepare annual statistics:
 - VSPs verified
 - CPD activities validated
 - Suspended activities
 - Revalidations
 - Complaints
 - Technical Evenings

Guided links:

- QMS version control
-

11 NOVEMBER — Annual External Review + Management Review

- Conduct **Annual External Review**
- CEO conducts **Annual Management Review**
- Update QMS based on findings

- Prepare Board report
- Approve next year's CPD operational plan

Guided links:

- External review process

12 DECEMBER — Quarterly Audit 4 + Year-End Close

- Conduct **Quarterly Internal QMS Audit**
- Close all CAPA items
- Finalise year-end CPD performance report
- Archive all records for ECSA audit readiness
- Prepare January reset tasks

Guided links:

- Year-end compliance

13 Summary Table — Annual CPD Operations Calendar

Month	Key Activities
January	Reset systems, update QMS, start annual cycle
February	Monthly processing
March	Quarterly Audit 1
April	Monthly processing
May	Mid-cycle quality check
June	Quarterly Audit 2
July	Mid-year review prep
August	Monthly processing

Month	Key Activities
September	Quarterly Audit 3
October	Annual review preparation
November	External Review + Management Review
December	Quarterly Audit 4 + Year-End Close
