



Audit Report

**The National Examination Board in Occupational
Safety and Health (NEBOSH)**

3 December 2021

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1 Background

This was the fifth audit of the National Examination Board in Occupational Safety and Health (NEBOSH) since SQA Accreditation approved it as an awarding body in 2009.

NEBOSH was formed in 1979 as an awarding body with charitable status, and offers qualifications designed to meet the health, safety and environmental management needs of all places of work. NEBOSH examinations and assessments are set by its professionally qualified staff and assisted by external examiners, most of whom are Chartered Safety and Health Practitioners or Chartered Environmentalists operating within industry, the public sector or in enforcement.

1.1 Scope

SQA Accreditation carries out quality assurance activity in line with its *Quality Assurance of Approved Awarding Bodies Policy*. This states the type and frequency of our quality assurance activities, describes our reporting procedures and indicates how the awarding body's Quality Enhancement Rating is calculated.

As this was both a scoped and remote audit of NEBOSH, only specific regulatory requirements were included within the scope of the audit. Our quality assurance activities are conducted on a sampling basis and, consequently, not all aspects of the awarding body's systems, procedures and performance have been considered in this report to the same depth.

SQA Accreditation audit reports are written by exception focusing only on those areas where corrective action is required or recommended. Consequently, this approach to audit reporting does not detail areas where compliance or good practice was found.

The audit was designed to ensure NEBOSH complies with SQA Accreditation's regulatory requirements namely:

- ◆ SQA Accreditation's *Regulatory Principles* (2021)
- ◆ all *Regulatory Principles* Directives
- ◆ the awarding body's Accreditation Licence

Awarding body documentation considered for review by the Audit Team includes all documents banked on NEBOSH's SharePoint site at the time of audit and information supplied to support audit activity. Restricted or commercially sensitive information gathered during SQA Accreditation's quality assurance activities is treated in the strictest confidence.

1.2 Audit Report and Action Plan Timescales

NEBOSH audit date: 3 December 2021

Audit Report approved by
Accreditation Co-ordination Group on: 16 February 2022

Audit Report to be signed by NEBOSH: 30 March 2022

Action Plan to be emailed
to regulation@sqa.org.uk by NEBOSH: 30 March 2022

The process will apply in relation to the timescales specified above:

- ◆ The awarding body will be sent a signed copy of the Audit Report by email.
- ◆ The awarding body must sign the copy of the Audit Report and return by email to SQA Accreditation in accordance with the timescale specified above.
- ◆ The awarding body will also be emailed a copy of the Action Plan.
- ◆ The awarding body must complete and return the Action Plan in accordance with the timescale specified above and email this in Microsoft Word format to regulation@sqa.org.uk.
- ◆ SQA Accreditation will confirm when the Action Plan is appropriate to address the Issues and present it to Accreditation Co-ordination Group (ACG) for approval.
- ◆ Following approval by ACG, the awarding body will be sent a signed copy of the approved Action Plan by email.
- ◆ The awarding body must sign the copy of the Action Plan and return by email to SQA Accreditation.

The findings of this Audit Report and the associated Action Plan will be published on SQA Accreditation's website following signed agreement.

SQA Accreditation will continually monitor progress towards completion of the proposed actions identified in the Action Plan and update the awarding body's Quality Enhancement Rating as appropriate.

1.3 Summary of Audit Issues and Recommendations

An Issue has been recorded where evidence shows that the awarding body is not compliant with SQA Accreditation's regulatory requirements. The awarding body must address the Issues and specify corrective and preventative measures to address them through its Action Plan.

The Action Plan is emailed to NEBOSH as a separate document to the Audit Report, and must be submitted to SQA Accreditation in accordance with the timescale specified in 1.2.

As a result of the audit and post-audit activities, two Issues have been recorded and one Recommendation has been noted.

Issue	Detail of Issue recorded	Risk rating
1. Principle 3, 6, 13	There are limited awarding body resources to provide adequate external quality assurance to the high number of approved providers, with additional pressures placed on staff due to the backlog of external quality assurance activities subsequently added to the schedule, due to COVID-19 pandemic shutdowns.	High
2. Principles 6, 9, 10	Awarding body policies and processes need to be updated to reflect both external and internal changes made to qualifications due to the COVID-19 pandemic.	Medium

A Recommendation has been noted where SQA Accreditation considers there is potential for enhancement. The awarding body is advised to address any Recommendations in order to reinforce ongoing continuous improvement. However, measures to correct or prevent these are not mandatory and therefore do not form part of the Action Plan.

Recommendation	Detail of Recommendation noted
1. Principles 6,10	The awarding body should continue to capture examiner feedback across all sittings and, thereafter, identify re-occurring issues and where possible make system and process changes to help improve the current process and potentially make it more efficient.

1.4 Risk Rating of Issues

SQA Accreditation assigns a rating to each Issue recorded, depending on the impact on or risk to the awarding body's operations, its SQA accredited qualifications and/or the learner. Issues recorded during the audit will count towards NEBOSH's Quality Enhancement Rating which will, in turn, contribute towards future quality assurance activity. Further detail on how the Quality Enhancement Rating is calculated can be found on the [SQA Accreditation website](#).

2 Detail of Audit Issues and Recommendations

The following sections detail Issues recorded and Recommendations noted against SQA Accreditation's regulatory requirements.

2.1 Issues

Regulatory Principle 3. The awarding body must have the necessary resources to effectively carry out their operational functions to meet regulatory requirements.

Regulatory Principle 6. The awarding body must continually review the effectiveness of its services, systems, policies and processes.

Regulatory Principle 13. The awarding body and its providers must ensure that they have systems and processes which ensure the effective quality assurance of accredited qualifications.

The Accreditation audit team reviewed the quality assurance process in light of changes made or incurred due to the global COVID-19 pandemic. Particular emphasis was placed on how the awarding body adapted their quality assurance activities to best ensure continued robustness of quality assurance checks while awarding body quality assurance staff were unable to physically attend centres in the UK, due to travel restrictions. They also had to take into account potential internal resourcing issues, arising from sickness or furlough, that may have impacted on quality assurance scheduling and checks.

Awarding body staff explained that although no physical visits were made to providers, all of the same robust quality assurance checks were still conducted, but instead via remote means. Awarding body staff evidenced trackers in which they monitored the quality assurance activities at providers, including any issues raised and monitoring of timeframes for closing out any actions noted. The Accreditation audit team considered the process to maintain robustness.

However, the Accreditation auditors' concerns stemmed from further discussions with NEBOSH quality staff, when discussing the number of providers that required quality assurance checks in their yearly cycle. With over 300 providers, a mix of both UK and international, and only two members of quality staff, one of whom is part-time, dedicated to carrying out quality assurance checks in any given year, the position seemed unsustainable to the audit team. However, to then add to this yearly volume with rollovers from the previous quality cycle that couldn't be completed due to global shutdowns, it appeared to create an almost impossible situation for the team to get through while maintaining the full robustness that a quality assurance visit should involve. The Accreditation auditors were concerned that provider quality assurance would become more about quantity in any given year rather than quality and so would reduce the robustness of the quality assurance checks carried out at providers.

To add to these concerns, the changes to the assessment methodology of core qualifications appear to have increased incidents of malpractice, which the awarding body has openly highlighted to SQA Accreditation, and they continue to monitor. The accreditation auditors discussed with the awarding body the likelihood that the additional quality check

they introduced, in the form of a post assessment interview, is highlighting potential malpractice cases more so than previous processes. Nevertheless, it remains vital that provider quality assurance checks maintain their robustness in order to mitigate any potential issues.

Additionally, NEBOSH made the audit team aware that learner registration numbers have further increased, as a consequence of changes made during the pandemic. This will likely further add to the strain of quality assurance checks. In particular in relation to the awarding body quality checks conducted on the external provider closing interviews. These are essential for the open-book assessment, in order to mitigate against malpractice.

The Accreditation auditors are extremely concerned that each one of the above factors combined could contribute to an unsustainable situation resulting in a weakened and insufficient quality assurance scheme.

This has been recorded as **Issue 1**.

Regulatory Principle 6. The awarding body must continually review the effectiveness of its services, systems, policies and processes.

Regulatory Principle 9. The awarding body and its providers must maintain accurate documents, records and data.

Regulatory Principle 10. The awarding body must ensure that its systems and processes for the identification, design, development, implementation and review of qualifications and assessments are fit for purpose.

Awarding body staff described the processes involved in devising the newly introduced open-book assessment. The Accreditation auditors acknowledged the complexities and effort involved in creating these, as each exam sitting requires a new, unique scenario to be devised due to there not yet being a bank of scenarios. Staff did clarify that, going forward, each scenario so far devised will need fewer modifications, with only changes to key knowledge aspects rather than the full scenario. This, in turn, should make the process less burdensome. The Accreditation auditors did not identify any issues with the process as described. However, there appeared to be no formal written process for devising qualification assessments, or indeed any ongoing review of these assessments, or the inputs to the assessment process such as an examiner feedback process, that reflected the overhaul to the process and current practice.

Similarly, with the introduction of the closing interview as an integral part of the post-assessment verification process, this aspect appeared to be missing from pertinent documentation. It should be formally documented, where appropriate, across all policies and processes to reflect current practice.

This has been recorded as **Issue 2**.

2.2 Recommendations

Regulatory Principle 6. The awarding body must continually review the effectiveness of its services, systems, policies and processes.

Regulatory Principle 10. The awarding body must ensure that its systems and processes for the identification, design, development, implementation and review of qualifications and assessments are fit for purpose.

Post-audit, additional evidence was uploaded to the awarding body's SharePoint site, which included the *OBE – Examiners Feedback Survey – Individual Responses*. On reflection after viewing this document, the Accreditation audit team considered it good practice for the awarding body to continue to capture examiner feedback across all sittings and, thereafter, identify re-occurring issues and where possible make system and process changes to help improve the current process and potentially make it more efficient. Particularly as the marking process remains unfamiliar to some markers as a result of it having changed substantially from the previous method.

This has been noted as **Recommendation 1**.