Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 22 February 2022.

Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided (Failure to include a description of your intended methodology AND details of the evidence that you will provide could result in your Action Plan not being approved by ACG.)	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation
1. Principle 13	The relevant section on the closing interview record sheets sampled at provider 2 did not contain any notes on the learner's response, contravening NEBOSH instructions.	Medium	Targeted communication to all Learning Partners (LPs) which will be followed up in the next weekly LP update Update C025a Learning Partner Audit Report Form with a clear instruction to NEBOSH Quality Assessors to check that the Closing Interview Record Sheet and Professional Discussion Record sheet are being completed correctly	31/03/2023	31/03/2023

¹ If the awarding body believes it has completed the action prior to approval of the Action Plan by ACG, insert the considered date of completion. The date will be subject to review depending on the quality of the evidence supplied.

² Issues can only be closed out once the evidence to complete the action has been quality reviewed and the Action Plan has been approved by ACG. The period of time between ACG approval and the date the Issue is closed out is not necessarily reflective of any quality issues.

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			 Email to those undertaking NEBOSH LP audits clarifying the change to the form. Evidence to be provided to SQA Accreditation: Copy of communication to LPs and the weekly LP Update newsletter Updated C025a Copy of communication to NEBOSH auditors all by end March 2023. 		
2. Principle 15	Discussion with staff at provider 4 revealed that the Learning Partner is registering all learners for Open Book Examinations (OBEs) as UK-based learners, even if they are based overseas, contravening NEBOSH requirements.	Medium	We investigated and started addressing this issue as soon as we were made aware of it. A report is now generated from our system to capture information on overseas learners who have been allocated to UK venues for assessments.	31/03/2023	31/03/2023

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			Any learners showing as sitting in the UK, but with addresses outside the UK are flagged and the list is discussed with the individual Learning Partner - whether they are based in the UK or overseas. This then allows for manual correction to the correct country venue, where appropriate. Should Operations have concerns about the frequency the LP is being contacted about this, they would be referred to our Learning Partner Quality team as a business as usual process. We will also include a reminder in the communication mentioned in Issue 1		

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			 Evidence to be provided to SQA Accreditation: An indicative copy of the report generated by our Operations Team. [to be sent once Action plan approved] Copy of communication to LPs and the weekly LP Update newsletter by end March 2023. 		
3. Principle 16	Complaints policies at providers 1, 3, 4 and 5 either did not state or were not clear that learners can escalate complaints to NEBOSH as the awarding body and to SQA Accreditation as the regulator.	Low	We will include a section about what we expect to be seeing in their Complaints Policy in the communication to LPs mentioned in Issue 1. Evidence to be provided to SQA Accreditation: Copy of communication to LPs and the weekly LP Update newsletter by end March 2023.	31/03/2023	31/03/2023

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4. Principle 17	Appeals policies at providers 1 and 2 stated that learners must go to the providers in the first instance and must not go directly to NEBOSH, contravening NEBOSH policy.	Low	This is correct, both the Enquiries about Results Policy (Q019 section 1) and the Appeals Policy (Q020 section 1.1) state that learners or LPs are able to appeal directly to NEBOSH. Our Complaints Procedure asks that learners firstly go through their LPs Complaints process before coming to us. We will include this in the communication to LPs mentioned in Issue 1. Evidence to be provided to SQA Accreditation: Copy of communication to LPs and the weekly LP Update newsletter by end March 2023.	31/03/2023	

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5. Principle 18	Provider 4 had no documented malpractice and maladministration procedures. Additionally, malpractice and maladministration policies at providers 2, 3 and 5 either did not state or were not clear that all suspected and actual cases of malpractice and maladministration would be reported immediately to NEBOSH.	Medium	We do not require LPs to have their own written procedure for Malpractice - they are expected to follow our Policy and Procedure. This requires them to tell us immediately of any malpractice/maladministration (see section 5.2). We will include a section on this in the communication to LPs mentioned in Issue 1. Evidence to be provided to SQA Accreditation: Copy of communication to LPs and the weekly LP Update newsletter by end March 2023.	31/03/2023	31/03/2023

Action Plan approved by ACG on Wednesday 01 March 2023