

Action Plan



This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 31 March 2021.

Issue number	Detail of Issue recorded	Risk rating	Proposed action and evidence to be provided <small>(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.)</small>	Target date for completion by awarding body ¹	Date Issue closed out by SQA Accreditation ²
1. Principles 5 and 6	For the paper-based NEBOSH examinations which are in operation, providers 2, 3 and 5 did not retain copies of the <i>Record of Activity Form/Learner register</i> in accordance with the awarding body instruction.	Low	Action: Learning Partner communication (Heads of and Communication Coordinator roles): reminding them to ensure they are keeping the records required by NEBOSH referring them to the <i>ICE</i> document (C020), specifically regarding the <i>Record of Activity</i> . As the document needs to be sent with scripts for marking, we will also add a note that should photocopying not be available at the venue, they can	30 April 2021	22/4/2021

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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			either provide two blank copies to the invigilator to complete, or take a photo of the completed form and email to a named person at the Learning Provider. Evidence: a copy of the communication to be sent to SQA Accreditation.		
2. Principle 14	The malpractice and maladministration policies and procedures used by the learning partners were reviewed during provider monitoring. In provider 3, reporting maladministration to NEBOSH was not included and in provider 4, maladministration per se was not mentioned. Additionally, providers 4 and 5 had procedures in place to conduct a preliminary investigation into suspected cases before informing the awarding body.	Medium	Action: Learning Partner communication (Heads of and Communication Coordinator roles): a reminder that they must use the NEBOSH <i>Policy and procedures for suspected malpractice in examinations and assessments</i> (C018) which overrides their own policy/procedure with regards NEBOSH qualifications. Remind them that for NEBOSH qualifications the Policy states that where malpractice/maladministration is	30 April 2021	22/4/2021

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	It is necessary for provider policies and procedures to include both malpractice and maladministration and ensure that all cases of suspected or actual malpractice and maladministration are reported to the awarding body immediately, in accordance with NEBOSH documentation and regulatory requirements.		identified by the Learning Partner, it must be reported to NEBOSH at the earliest opportunity (ie before any internal investigation). Evidence: copy of the communication to be sent to SQA Accreditation.		

Action Plan approved by ACG on Wednesday 24 March 2021