



Action Plan

This Action Plan must be completed electronically and submitted in Microsoft Word format to regulation@sqa.org.uk by 30 May 2024.

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. Principle 13	Provider 1 had undergone two formative assessment audits in 2023 but had not received any written feedback, in accordance with procedures stated within NEBOSH documentation.	Low	Between 01/01/23 and 31/03/23 we conducted a pilot with 65 interviews. Learning Partners included in this pilot did not receive audit reports as this was a fact-finding exercise for which Learning Partner performance was not measured, but the information helped us benchmark existing Learning Partners' formative assessment practices – the comments in the (provider monitoring visit) PMV report suggest that the Learning Partner in question was not part of this exercise.	31/07/24	

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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			<p>We issue a formative assessment audit report to the Learning Partner at the end of the audit as part of the process. We have completed a review of all formative assessment audits from 2023 and can confirm that all reports relating to audits and progress reviews were completed for Learning Partners who attended. We record the dates that reports are sent and can only identify two where we cannot confirm the dates they were forwarded to the Learning Partners (both of which are overseas and would not have been subject to this PMV). To have taken part in two formative assessment audits suggests that the Learning Partner received their written report outlining remedial actions from their first audit to agree to a second audit.</p> <p>Only 6 UK based Learning Partners delivering the International General Certificate were included in the pilot and also audited formally.</p>		

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			<p>We do not currently request receipt confirmation or 'read' notifications because neither provide any solid assurance that the emails have been actioned.</p> <p>In future, at the formative assessment audit, Learning Partners will be told that they will receive a formative assessment audit report, and to contact NEBOSH if they do not receive the report within 7-working days.</p> <p>Evidence to be submitted to SQA Accreditation: Updated C037 <i>Formative Assessment Audit Procedure</i> document informing auditors to inform the Learning Partner to expect an audit report, and to contact NEBOSH if they have not received it within 7-working days.</p>		
2. Principle 14	The equal opportunities policies across providers 2, 3 and 4 missed some protected characteristics within those listed, notably age, gender reassignment and pregnancy/maternity.	Low	<p>Action: All UK LPs to be contacted to ensure they include all the protected characteristics.</p> <p>Evidence to be submitted to SQA Accreditation:</p>	31/07/24	

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			Communication to UK Learning Partners – linking them to our Equality, Diversity and Inclusion Statement , for information.		
3. Principle 14 and 5	<p>Documentation at providers 1, 3 and 6 did not make learners aware of the process for special considerations.</p> <p>Provider 4 had no documented policy or process for reasonable adjustments or special considerations.</p> <p>Within the <i>NEBOSH Special Considerations Policy</i>, the Accreditation Auditor cannot find where it states that learning partners must impart information to learners about special considerations within their own documentation.</p>	Medium	<p>Action:</p> <p>a. All UK Learning Partners to be contacted to ensure they have a documented policy or process for reasonable adjustments/special considerations and make learners aware of them.</p> <p>At the point of Registration of the learner to our CPI system, Learning Partners are already sent a communication which includes the following information: “As a Learning Partner you must ensure that learners are fully aware of our current student terms and conditions and assessment policies to promote transparency and provide a fair assessment to all students. All policies listed below are available for students to download from the policies section of our website.</p>	31/07/24	

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			<ul style="list-style-type: none"> • Student terms and conditions; • Policy and procedures for access arrangements reasonable adjustments and special considerations (please note applications for reasonable adjustments must be received by NEBOSH at least four weeks before the examination, request forms are available in the policies, procedure, forms and letters section of the course providers secure area). <p>In addition, there is guidance for Learning Partners in the CPI Guidance document (CX014) about the reasonable adjustments that they can apply (section 15).</p> <p>There is also a very brief explanation for Learning Partners about our requirement regarding policies and procedures in the Learning Partner Agreement (2.2, 3.1.8 and, more specifically, 8.2). It is also in the Learning Partner Programme document (C021) under Principle 4. However, we could make this clearer in C021.</p>		

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			<p>Learning Partners are referenced throughout the Special Considerations Policy; the action for Learning Partners to ensure learners are aware of special considerations and reasonable adjustments should appear clearly in the C021; however, we can add a note to the say that they must make learners aware of the availability of special considerations and reasonable adjustments.</p> <p>Evidence to be submitted to SQA Accreditation:</p> <ul style="list-style-type: none"> a. Communication to UK Learning Partners – including a link to the Learning Partner Programme document (C021), and the Special Consideration Policy (Q026) (see b). b. Updated Learning Partner Programme document (C021) and Special Consideration (Q026) Policy. 		

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4. Principle 17	The appeals document at provider 6 covered the internal process for raising an appeal against an academic decision for NEBOSH qualifications but as providers cannot overturn these assessment results, the information was erroneous. The document also contained other inaccurate information.	Low	<p>Action: All UK Learning Partners to be contacted to check their appeals document and ensure they link it both our Enquiry about Results, and Appeals Policies.</p> <p>Evidence to be submitted to SQA Accreditation: Communication to UK Learning Partners, which will include a link to our Enquiry about Results and Appeals policies.</p>	31/07/24	
5. Principle 18 and 5	<p>At provider 6, the Accreditation Auditor noted that in the three cohorts of closing interviews sampled, the interviewers had selected the same three questions within each examination sitting and had not varied the questions asked, as the instruction within the <i>Specific Questions for the Closing Interview</i> document suggests.</p> <p>Other than the information in the <i>Specific Questions for the Closing Interview</i> document, the Accreditation Auditor could not</p>	Low	<p>Action: We do not currently state that Learning Partners <i>must</i> vary questions at the moment. We provide multiple questions to avoid learners overpreparing, but don't say that Learning Partners cannot use the same questions. This is a recommendation, not a requirement as it may cause additional burden for some. We can remind Learning Partners of the reason we provide different questions (ie to prevent learners from over-preparing), but we do not want to add to the burden of the process.</p>	31/07/24	

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	find information on the selection of questions stated more obviously, for example in relevant Learning Partner Guides.		Evidence to be submitted to SQA Accreditation: Communication to UK Learning Partners.		
6. Principle 18 and 5	<p>The malpractice and maladministration policies at providers 2, 3 and 6 did not state that all suspected or actual cases of malpractice and maladministration would be reported to NEBOSH.</p> <p>Additionally, provider 4 had no written malpractice/maladministration policy or process at all.</p> <p>Within NEBOSH documentation, the Accreditation Auditor cannot find any direct instruction to learning partners which states that they must have a written policy or process in this regard.</p>	Medium	<p>Action: We expect Learning Partners to follow our comprehensive malpractice policy. However, we do acknowledge that the Agreement suggests they need to have their own which reflects our policy (clause 2.2.1 of Appendix 1 of the Learning Partner Agreement states that they must: “adopt a policy and procedure, complementary to NEBOSH Mandatory Policies and Procedures on malpractice and maladministration, that allow for the identification of, and aim to reduce, the risk and incidents of malpractice or maladministration occurring”).</p> <p>We also acknowledge that Learning Partners may have to have a separate malpractice policy for other Awarding Organisations that they work with. We would accept either an assurance that they refer to our policy, or a document mentioning that in the event of</p>	31/07/24	

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			<p>suspected malpractice, they would follow the provisions in NEBOSH's Malpractice Policy</p> <p>Learning Partners to be reminded of the malpractice/maladministration procedure, and that all suspected or actual cases must be reported to NEBOSH.</p> <p>Evidence to be submitted to SQA Accreditation: Communication to UK Learning Partners asking them to confirm that they understand that in cases of malpractice and maladministration, they must follow the NEBOSH Malpractice Policy and Procedure.</p> <p>To clarify that all issues raised in this action plan will be on a single communication to Heads of Learning Partners and we will require a confirmation of understanding to be returned to NEBOSH.</p>		

Action Plan approved by ACG on 05/06/2024