



Provider Monitoring Report

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

31 January 2024 – 21 March 2024

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1 Background

Seven providers were monitored remotely between 31 January 2024 and 21 March 2024.

1.1 Scope

SQA Accreditation carries out quality assurance activity in line with its *Quality Assurance of Approved Awarding Bodies Policy*. This involves monitoring a sample of the awarding body's approved providers or assessment sites. Provider monitoring visits will be conducted in a consistent manner within and between providers.

The aim of monitoring is to:

- ◆ ensure the awarding body's compliance with SQA Accreditation's regulatory requirements
- ◆ confirm that quality assurance arrangements are being conducted by the awarding body in accordance with its prescribed arrangements
- ◆ ensure that quality assurance arrangements are being conducted in a consistent manner, within and between providers
- ◆ ensure that providers are receiving the appropriate guidance, support and documentation from the awarding body in order to facilitate a high standard of qualification delivery
- ◆ inform future audit and monitoring activity for the awarding body

All Principles may be included within the scope of the provider monitoring activity.

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

SQA Accreditation provider monitoring reports are written by exception focusing only on those areas where corrective action is required or recommended.

1.2 Provider Monitoring Report Timescales

NEBOSH provider monitoring dates: 31 January 2024 - 21 March 2024

Provider Monitoring Report approved by Accreditation Co-ordination Group on: 17 April 2024

Provider Monitoring Report to be signed by NEBOSH: 30 May 2024

Action Plan to be emailed to regulation@sqa.org.uk by NEBOSH: 30 May 2024

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

- ◆ The awarding body will be sent a copy of the Provider Monitoring Report by email.
- ◆ The awarding body must sign the copy of the Provider Monitoring 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 Action Plan and return by email to SQA Accreditation.

The findings of this Provider Monitoring 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 Provider Monitoring 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 Provider Monitoring Report and must be submitted to SQA Accreditation in accordance with the timescale specified in 1.2.

As a result of the provider monitoring activity, six Issues have been recorded and seven Recommendations have been noted.

Issue	Detail of Issue recorded	Risk rating
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
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
3. Principle 14 and Principle 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
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>5. Principle 18 and Principle 5</p>	<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 find information on the selection of questions stated more obviously, for example in relevant Learning Partner Guides.</p>	<p>Low</p>
<p>6. Principle 18 and Principle 5</p>	<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>	<p>Medium</p>

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. Principle 5	<p>Provider 3 had developed its own guidance on the closing interview process but it was muddled with information about the professional discussion process.</p> <p>NEBOSH may wish to check that any guidance developed by learning partners about closing interviews and professional discussions is accurate.</p>
2. Principle 6	<p>Staff at provider 1 suggested that it would be useful if NEBOSH could roll out formative assessment materials for all qualifications.</p> <p>Secondly, staff at provider 5 felt that it would be really useful if the <i>Assessment Calendar for Learning Partners</i> could be filtered by qualification and date.</p> <p>Thirdly, within the formative assessment toolkit for the NEBOSH International General Certificate in Occupational Health and Safety (R630 04), staff at provider 6 commented that it would be useful if the administration of the mandatory learner diaries and the attendance registers on Microsoft Teams could be reviewed.</p> <p>NEBOSH may wish to consider rolling out formative assessment materials for all qualifications, reviewing the functions of the <i>Assessment Calendar for Learning Partners</i> and reviewing the formative assessment toolkit in terms of administration for learning partners.</p>
3. Principle 6 and Principle 7	<p>The staff contact at provider 6 felt that it would be beneficial if NEBOSH could give learners feedback on their open book examination and allow learning partners to grade homework questions and mock examinations or provide written information detailing why these processes must remain as they are.</p> <p>NEBOSH may wish to consider current feedback and marking processes as described or formulating information for stakeholders which clarifies the rationale for these processes.</p>

<p>4. Principle 7</p>	<p>Staff at provider 1 felt they would like more consultation about changes to qualifications as this impacts their provision.</p> <p>Secondly, staff at provider 4 felt it may be beneficial to canvas opinion about the location of the Learning Partner conference.</p> <p>NEBOSH may wish to consider whether additional consultation with learning partners is needed in both regards.</p>
<p>5. Principle 9</p>	<p>Information in the Privacy Policy at provider 1 and the data protection policy at provider 3 had some small anomalies.</p> <p>It is recommended that NEBOSH highlights that these policies should reflect all current data protection legislation.</p>
<p>6. Principle 13</p>	<p>A consistent theme raised by provider staff was the time consuming and often onerous nature of the closing interview process, especially for large learning partners with hundreds of learners per cohort. Similar concerns were raised in the provider monitoring report of 2022–23.</p> <p>Consequently, SQA Accreditation is having ongoing, productive discussions with NEBOSH about the closing interview process and possible amendments to the process are being considered. It is recommended that progress continues in this regard.</p>
<p>7. Principle 16</p>	<p>Information in the complaints policies at providers 3, 5 and 6 was convoluted in places and could be interpreted as contradictory at times.</p> <p>It is therefore recommended that NEBOSH highlights that complaints policies should be as simple and straightforward as possible.</p>

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 provider monitoring 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 Good Practice, Issues and Recommendations

The following sections detail:

- ◆ good practice noted by providers
- ◆ Issues recorded and Recommendations noted against SQA Accreditation's regulatory requirements

2.1 Good Practice

The following areas of good practice were noted by providers:

Provider 1 highlighted the:

- ◆ responsiveness to queries
- ◆ accessible customer service
- ◆ professional nature of NEBOSH
- ◆ significant improvements in the consistency of marking practical assessments

Provider 2 highlighted the:

- ◆ helpful and friendly staff in NEBOSH
- ◆ productive nature of the awarding body in developing new qualifications

Provider 3 highlighted the:

- ◆ thorough quality assurance
- ◆ very productive working relationship
- ◆ highly valued nature of the organisation within the sector
- ◆ regular meetings with NEBOSH
- ◆ existence of a dedicated account manager
- ◆ significant improvements in the consistency of marking practical assessments

Provider 4 highlighted the:

- ◆ well respected qualifications in the industry
- ◆ highly valued qualifications to learners
- ◆ regular updates from NEBOSH

Provider 5 highlighted the:

- ◆ excellent live chat function
- ◆ quick resolution of queries
- ◆ release dates for examination well in advance
- ◆ good communication, especially the weekly updates from NEBOSH

Provider 6 highlighted the:

- ◆ excellent learning materials produced by NEBOSH which promote standardisation
- ◆ range of qualifications offered
- ◆ well respected nature of NEBOSH within the industry
- ◆ quick resolution of queries
- ◆ enabling and constructive feedback from quality assurance activities
- ◆ confidential weekly updates which foster a sense of community within learning partners and make staff feel included and valued
- ◆ significant improvements in the consistency of marking practical assessments

Provider 7 highlighted the:

- ◆ excellent service especially regarding quick resolution of upload issues with the open book examinations
- ◆ regular meetings with NEBOSH
- ◆ access to past papers on the Learning Partner portal
- ◆ regular webinars
- ◆ customer survey
- ◆ continuous improvement based on feedback given in the customer survey

2.2 Issues

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.

NEBOSH has introduced formative assessment audits for learning partners offering the NEBOSH International General Certificate in Occupational Health and Safety (R630 04).

Page 6 of the *NEBOSH Learning Partner Guide: Formative Assessment Audit 2023* states that, 'within 5 working days, your Formative Assessment Auditor will provide you with feedback as written comments.' Similar information is contained on page 9 of the *NEBOSH Learning Partner Formative Assessment Audit – Policy and Procedure, April 2023*.

Provider 1 had undergone two formative assessment audits in 2023 but had not received any written feedback.

Three other learning partners had received the appropriate feedback.

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

Regulatory Principle 14. The awarding body and its providers must ensure that its qualifications and their delivery and assessment are fair, inclusive and accessible to learners.

The equality and diversity policy at provider 2 listed the protected characteristics but missed age, gender reassignment and pregnancy/maternity.

The equal opportunities policy at provider 3 missed gender reassignment and pregnancy/maternity from the protected characteristics named.

The equal opportunities policy at provider 4 missed pregnancy/maternity from the protected characteristics listed.

It is necessary that provider policies include all relevant information with regards to equality legislation.

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

Regulatory Principle 14. The awarding body and its providers must ensure that its qualifications and their delivery and assessment are fair, inclusive and accessible to learners.

Regulatory Principle 5. The awarding body and its providers must provide clear information on their procedures, products and services and ensure that they are accurate and appropriate to accredited qualifications.

The *Learning Agreement* at provider 1 included information on reasonable adjustments and special considerations. However, the actual wording was concerned only with reasonable adjustments and contained no information on special considerations. Staff commented that their examinations team do look out for instances where special considerations may be applicable but acknowledged that this process was not formalised as it should be and was missing from the *Learning Agreement*.

Similarly, the *Course Joining Instructions* at provider 3 only referenced reasonable adjustments, not special considerations. Staff commented that, should learners approach them, there was a process in place for special considerations but acknowledged that this information should be included in the *Course Joining Instructions*.

The *Joining Instructions* at provider 6 included a procedure for reasonable adjustments but did not mention special considerations. The provider had never encountered any special considerations with learners but did acknowledge the omission from the joining instructions.

Provider 4 had no documented policy or process for reasonable adjustments or special considerations and information was only imparted verbally to learners during induction.

Generally among providers, there was a lack of understanding of what constitutes a special consideration.

Section 5.1 on page 7 of the NEBOSH document, *Access arrangements and reasonable adjustments, Version 3 (September 2023)* makes it clear that learning partners must have effective systems and processes for identifying and verifying learners' assessment needs. However, the *NEBOSH Special Considerations Policy*, although very detailed, does not appear to state that learning partners must impart information to learners about special considerations within their own documentation. It is necessary that this is made clear to learning partners.

This has been recorded as **Issue 3**.

Regulatory Principle 17. The awarding body and its providers must have clear, fair and equitable systems, policies and procedures to manage appeals.

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. There was a link to the NEBOSH policy but this did not work. The document also contained information about escalation to the Scottish Public Services Ombudsmen (SPSO) but SPSO only deal with complaints, not appeals and hence this information was also erroneous.

Discussion with the staff contact at provider 6 highlighted that some learners had in fact progressed appeals to NEBOSH through the Enquiries about Results process without being deterred by the provider policy and although it referred to NEBOSH, the appeal document was actually intended for other organisations with whom the provider worked.

A similar Issue concerning the inaccuracy of wording in provider appeals policies was raised in the provider monitoring report of 2022–23. Given the repeated incidence, it is necessary for NEBOSH to clarify what information is needed within provider appeals documentation.

This has been recorded as **Issue 4**.

Regulatory Principle 18. The awarding body and its providers must ensure that it has safeguards to prevent and manage cases of malpractice and maladministration.**Regulatory Principle 5. The awarding body and its providers must provide clear information on their procedures, products and services and ensure that they are accurate and appropriate to accredited qualifications.**

At provider 6 the Accreditation Auditor sampled a variety of closing interviews, a process which is designed to provide assurance that the open book examination submitted by the learner is their own work, produced without any improper assistance. Among those sampled were three cohorts of interviews for the open book examination for the NEBOSH National General Certificate in Occupational Health and Safety, May 2022 and the NEBOSH Certificate in Fire Safety December 2022 and February 2024 with ten, six and eight learners respectively. The first and third set of interviews were conducted by the same interviewer; a different interviewer conducted the second set of interviews.

NEBOSH produces a document called, *Specific Questions for the Closing Interview*, for each examination sitting. Each document details how many questions are included and from these questions, interviewers choose three questions to ask learners. For example, the *Specific Questions for the Closing Interview* for the NEBOSH National General Certificate in Occupational Health and Safety, May 2022 examination states, 'each learner only needs to answer three questions. Five questions are included so that learners are not able to over prepare for their closing interview.'

The Accreditation Auditor noted that in the three cohorts 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 document suggests. The staff contact at provider 6 commented that they were not aware of the information about question selection in the document but thought that choosing the same questions ensured consistency across learners.

In discussion the staff contact did acknowledge that using the same questions may inadvertently increase the chance of learners having advance information, should learners discuss these questions among themselves between interviews.

Other than the information in the *Specific Questions for the Closing Interview* document, the Accreditation Auditor could not find information on the selection of questions stated more obviously, for example in relevant Learning Partner Guides. It is necessary that the selection of specific questions in closing interviews is clarified with learning partners.

This has been recorded as **Issue 5**.

Regulatory Principle 18. The awarding body and its providers must ensure that it has safeguards to prevent and manage cases of malpractice and maladministration.

Regulatory Principle 5. The awarding body and its providers must provide clear information on their procedures, products and services and ensure that they are accurate and appropriate to accredited qualifications.

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.

The malpractice and maladministration policy at provider 2 stated that an investigation would be carried out then a report made to the regulator where applicable. Escalation to NEBOSH was not mentioned.

The malpractice and maladministration policy at provider 3 stated that an investigation would be carried out then a report made to NEBOSH where applicable.

The malpractice and maladministration policy at provider 6 included reference to reporting learner cheating to NEBOSH but this was related to the previous paper based, invigilated examinations and was therefore out of date.

Additionally, provider 4 had no written malpractice/maladministration policy or process.

A similar Issue was raised previously in the NEBOSH provider monitoring report of 2022–23.

The Accreditation Auditor cannot find any direct NEBOSH instruction to learning partners which states that they must have a written policy or process for malpractice and maladministration. Page 9 of the *NEBOSH policy and procedures for suspected malpractice in examinations and assessments (version 18, October 23)* only states, 'Learning Partners are advised to implement a system and procedure for recording all suspected instances of learner malpractice.'

Although none of these providers had experienced any recent cases of suspected or actual malpractice or maladministration, it is necessary that learning partners have a written policy or process and that this includes appropriate and timely reporting to the awarding body.

This has been recorded as **Issue 6**.

2.3 Recommendations

Regulatory Principle 5. The awarding body and its providers must provide clear information on their procedures, products and services and ensure that they are accurate and appropriate to accredited qualifications.

Provider 3 had developed its own guidance on the closing interview process. However, the information contained within the guidance referenced the closing interview and the professional discussion process as effectively the same thing, when in fact the latter is pertinent to Diploma qualifications and is a different format from the closing interview process. The Accreditation Auditor then noted one incidence where a closing interview record sheet was used in error for a professional discussion, although the information per se was relevant to the professional discussion and therefore correct in content.

NEBOSH may wish to check that any guidance developed by learning partners about closing interviews and professional discussions is accurate.

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

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

Staff at provider 1 suggested that it would be useful if NEBOSH could roll out formative assessment materials for all qualifications to assist learning partners, as presently awarding body templates are only available for the NEBOSH International General Certificate in Occupational Health and Safety (R630 04).

Secondly, staff at provider 5 felt that it would be really useful if the *Assessment Calendar for Learning Partners* could be filtered by qualification and date.

Thirdly, within the formative assessment toolkit for the NEBOSH International General Certificate in Occupational Health and Safety (R630 04), staff at provider 6 commented that it would be useful if the mandatory learner diaries could be done using an online form rather than a pdf document, as this would reduce administration for learning partners. Similarly, staff commented that it would be useful if the attendance register on Microsoft Teams could be accepted rather than this being done as a separate document.

NEBOSH may wish to consider rolling out formative assessment materials for all qualifications, reviewing the functions of the *Assessment Calendar for Learning Partners* and reviewing the formative assessment toolkit in terms of administration for learning partners.

This has been noted as **Recommendation 2**.

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

Regulatory Principle 7. The awarding body must have an effective approach for communicating with its staff, stakeholders and SQA Accreditation.

The staff contact at provider 6 felt that it would be beneficial if NEBOSH could give learners feedback on their open book examination, as it does for the risk assessments and allow learning partners to grade homework questions and mock examinations. The staff contact commented that if these processes cannot be changed, then it would be helpful to have a written explanation, so this information can be imparted to learners who ask repeatedly for feedback on open book examinations, homework questions and mock examinations.

NEBOSH may wish to consider current feedback and marking processes as described or formulating information for stakeholders which clarifies the rationale for these processes.

This has been noted as **Recommendation 3**.

Regulatory Principle 7. The awarding body must have an effective approach for communicating with its staff, stakeholders and SQA Accreditation.

Staff at provider 1 felt they would like more consultation about changes to qualifications, as this impacts the time available for the development and implementation of materials by learning partners.

Secondly, staff at provider 4 felt that the location of the Learning Partner conference in Leicester was restrictive and that it may be beneficial to canvas opinion about a location that may be easier to reach.

NEBOSH may wish to consider whether additional consultation with learning partners is needed in both regards.

This has been noted as **Recommendation 4**.

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

The Privacy Policy at provider 1 contained some incorrect information with regards to European Union reference.

The data protection policy at provider 3 missed the seventh principle of accountability.

It is recommended that NEBOSH highlights that policies should reflect all current data protection legislation.

This has been noted as **Recommendation 5**.

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 Auditor received mixed feedback across providers about the closing interview process. Most learning partners understood the necessity of the process as a deterrent for malpractice and maladministration and felt there were other benefits in the form of general learner and course feedback. However, a consistent theme raised by provider staff was the time consuming and often onerous nature of the closing interviews, especially for large learning partners with hundreds of learners per cohort. Similar concerns were raised in the provider monitoring report of 2022–23.

Consequently, SQA Accreditation is having ongoing, productive discussions with NEBOSH about the closing interview process and possible amendments to the process are being considered. It is recommended that progress continues in this regard.

This has been noted as **Recommendation 6**.

Regulatory Principle 16. The awarding body and its providers must have open and transparent systems, policies and procedures to manage complaints.

The complaints policies at providers 3, 5 and 6 did contain information about the escalation route to NEBOSH and to SQA Accreditation as the regulator. However, the information was convoluted in places and could be interpreted as contradictory at times.

It is therefore recommended that NEBOSH highlights that complaints policies should be as simple and straightforward as possible.

This has been noted as **Recommendation 7**.

3 Acceptance of Provider Monitoring Findings