



# **Provider Monitoring Report**

**The Royal Environmental Health Institute of  
Scotland (REHIS)**

**20 August 2024 – 5 September 2024**

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# 1 Background

Two providers were monitored remotely on 20 August and 5 September 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

REHIS provider monitoring dates: 20 August 2024 and  
5 September 2024

Provider Monitoring Report approved by  
Accreditation Co-ordination Group on: 16 October 2024

Provider Monitoring Report to be signed by REHIS: 27 November 2024

Action Plan to be emailed  
to [regulation@sqa.org.uk](mailto:regulation@sqa.org.uk) by REHIS: 27 November 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](mailto: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 REHIS 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, three Issues have been recorded and one Recommendation has been noted.

Issue	Detail of Issue recorded	Risk rating
<p>1. Principle 9 and Principle 13</p>	<p>The Data Protection Policy at provider 1 was not current in its legislative references.</p> <p>It is sufficient for provider policies to reference data protection legislation generically as such. However, where specific data protection legislation is mentioned in provider policies, the correct current references must be used: UK GDPR and the Data Protection Act (2018).</p> <p>A recent quality assurance report at the provider indicated that the data protection policy had been checked and was satisfactory but this was not the case.</p>	<p>Low</p>
<p>2. Principle 14 and Principle 13</p>	<p>The Equality and Diversity Policy at provider 2 listed the protected characteristics but missed out pregnancy/maternity and sex (gender).</p> <p>It is sufficient for provider policies to reference equality legislation generically as such or to reference the Equality Act (2010) specifically. Where protected characteristics are listed in provider policies, these must be listed accurately.</p> <p>The Accreditation Auditor noted that the REHIS quality assurance report does not include a check on the Equality and Diversity policies at providers.</p>	<p>Low</p>

<p>3. Principle 14 and Principle 5 and Principle 13</p>	<p>In provider 1, there had been several occasions where staff were asked to act as a 'reader' for candidates in the examination. Staff commented that they did not contact REHIS for advice as adjustments were made on the day as required and staff were not aware that any authorisation was needed for any kind of reasonable adjustments, as indicated in <i>Supplement 12</i>. Therefore, the reasonable adjustments were not reported, nor were they recorded on candidate paperwork.</p> <p>Although the <i>Supplement</i> requests that contact is made with the awarding body for guidance and refers to an authorisation request, the information does not make it clear that making contact is a requirement for providers and does not give enough detail on the process or procedure for reporting, recording or authorising reasonable adjustments or special considerations.</p> <p>The Accreditation Auditor noted that the REHIS quality assurance report does not include a check on Reasonable Adjustments and Special Considerations at providers.</p>	<p>Medium</p>
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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
<p>1. Principle 9</p>	<p>REHIS may wish to consider advising providers that continuing professional development (CPD) is better kept in a log format as a record, rather than just retaining the certificates.</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 the awarding body'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

Both providers spoke extremely favourably about REHIS as an awarding body.

Specifically, the following areas of good practice were noted by providers:

Provider 1 highlighted the:

- ◆ good communication from the awarding body in terms of updates
- ◆ excellent customer service
- ◆ helpful and responsive staff
- ◆ prompt delivery of course materials after course registration
- ◆ quick turnaround of certificates which are very carefully packaged
- ◆ positive engagement from the REHIS quality assurer

Provider 2 highlighted the:

- ◆ high standards set by REHIS and its professional conduct
- ◆ very supportive awarding body staff
- ◆ quick resolution of queries and excellent administration
- ◆ quick delivery of course materials and their reasonable price
- ◆ constructive feedback from the REHIS quality assurer

### 2.2 Issues

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

**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 Data Protection Policy at provider 1 was not current despite being reviewed recently. The policy still referenced GDPR and the Bill going through Parliament to be made law post-Brexit.

It is sufficient for provider policies to reference data protection legislation generically as such. However, where specific data protection legislation is mentioned in provider policies, the correct current references must be used: UK GDPR and the Data Protection Act (2018).



A recent quality assurance report at the provider indicated that the data protection policy had been checked and was satisfactory but this was not the case.

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.**

**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 Equality and Diversity Policy at provider 2 listed the protected characteristics but missed out pregnancy/maternity and sex (gender).

It is sufficient for provider policies to reference equality legislation generically as such or to reference the Equality Act (2010) specifically. Where protected characteristics are listed in provider policies, these must be listed accurately.

The Accreditation Auditor noted that the REHIS quality assurance report does not include a check on the Equality and Diversity policies at providers.

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.**

**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 *REHIS Supplement to the Regulations Number 12 Additional Support and Special Considerations, July 2023* for the SCPLH and SCPLH (R) course states that, 'centres are asked to contact the Institutes' Director of Training for guidance for candidates requiring additional support or where special consideration may be required.'

The *Supplement* also refers to Regulation 9.8, 'special arrangements, including oral examinations, may be authorised where the standard examination would not be appropriate for a course participant. Centres are asked to contact REHIS for guidance on this, before submitting a request for authorisation.'

The *Supplement* also refers to Regulation 12.1, that 'the additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering where any reasonable adjustments may be required. Centres are advised to contact REHIS for guidance.'

The *Supplement* then outlines various situations where reasonable adjustments can be made, including the use of a 'reader' who may read the question paper to candidates. In provider 1, there had been several occasions where staff were asked to act as a 'reader' for candidates, for example, when someone did not feel confident reading or where they had forgotten their reading glasses.

In discussion with the Accreditation Auditor, staff from provider 1 commented that they did not contact REHIS for advice as adjustments were made on the day as required and staff were not aware that any authorisation was needed for any kind of reasonable adjustment. Therefore, the reasonable adjustments were not reported at any point, nor were they recorded on candidate paperwork.

Provider 2 had no incidences of reasonable adjustments or special considerations. Although the *Supplement* requests that contact is made with the awarding body for guidance and refers to an authorisation request, the information in the *Supplement* as outlined above, does not make it clear that making contact is a requirement for providers and does not give enough detail on the process or procedure for reporting, recording or authorising reasonable adjustments or special considerations.

The Accreditation Auditor noted that the REHIS quality assurance report does not include a check on Reasonable Adjustments and Special Considerations at providers.

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

## 2.3 Recommendations

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

The *REHIS Supplement to the Regulations Number 4 Course Presentation and CPD, July 2023* for the SCPLH and SCPLH (R) course states that, 'presenters must maintain a record of their CPD each year and this will be audited by Training Advisors during the annual audit. A minimum of 4 hours CPD is recommended annually.'

Provider 1 had two course presenters, one of whom had a detailed log of CPD over years. The other presenter had undertaken CPD activities as required but had retained these as certificates only rather than a log. While both formats constitute a record as such, staff in provider 1 acknowledged that the presentation of CPD in a log format was much more comprehensive.

REHIS may wish to consider advising providers that CPD is better kept in a log format as a record, rather than just retaining the certificates.

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

### **3 Acceptance of Provider Monitoring Findings**