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## Overview of policies

These policies form part of a suite of IOSH policies, all of which are designed to:

- protect delegates who are registered with us
- minimise the risk of any adverse effects occurring
- help support all parties in risk management and risk minimisation
- help ensure IOSH and our Training Providers comply with all relevant legislation and guidance
- help improve and refine our products and services.

This suite of policies supports compliance with the Training Provider Terms and Conditions of Licence and the IOSH Nominated role requirement document. It does not replace any of the requirements contained within that document.

Non-adherence to our training policies may constitute maladministration, malpractice and / or a breach of the Terms and Conditions.

IOSH Training Providers must ensure delegates and their own staff (including satellite, sub-contract centres and contractual staff) who are involved in the design, delivery, management, assessment and quality assurance of IOSH products are aware of, and familiar with, the contents of these policies.

All policies will be reviewed regularly and may be revised in response to the findings of any review. IOSH will also review the policy in the event of:

- an incident and the 'lessons learned'
- a change in legislation or statutory guidance
- changes in IOSH's practices
- actions or guidance from our regulatory or external agencies
- customer and stakeholder feedback.

Training Providers have the right to express their dissatisfaction regarding IOSH actions, products or services. The IOSH Complaints Policy outlines when IOSH will and will not accept a complaint and when IOSH's decisions are final. See the IOSH Complaints Policy for more information.

The Training Provider has the right to appeal any decision IOSH makes, following a sanction.

## IOSH Diversity and equality (including safeguarding) policy

### Scope of the policy

This policy relates to our customers, including learners, who are using IOSH products and services. It applies the principles of diversity and equality, including safeguarding of vulnerable adults.

### Our aims

IOSH aims to ensure that diversity and equality are promoted in the development of our products and in access to IOSH products and services, and that unlawful or unfair discrimination, whether direct or indirect, is eliminated.

### Purpose of the policy

The purpose of this policy is to set out the IOSH commitment to ensuring our Training Providers:

- adhere to legislation and regulatory requirements
- fully support the principle of equal opportunities
- create and maintain a working environment and culture that is representative of all sectors of society and there is equality and respect for all
- take a zero-tolerance approach to intimidation, discrimination, bullying and harassment.

### Training Provider responsibilities

The Training Provider should adopt and adhere to their own policies and procedures which ensure that individuals are not discriminated against in any form, on the grounds of:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

- culture
- domestic circumstances
- employment status
- nationality
- political orientation
- social background
- any other grounds or status.

The Training Provider should adopt and adhere to their own policies and procedures for safeguarding the health, wellbeing, and human rights of their delegates and enabling them to live free from harm, abuse and neglect.

IOSH Training Providers must investigate allegations of abuse as soon as they become aware of them.

Training Providers must ensure that:

- this policy is made freely available to external contractors and customers, including delegates
- the widest possible diversity of delegates can access the content and assessment of IOSH products and services
- the entry requirements, content and assessment demands of IOSH products and services are appropriate to the knowledge, understanding and skills specified and do not act as unnecessary barriers to achievement.

## **IOSH responsibilities**

IOSH will ensure that:

- all products and series will ensure fair assessment for all delegates
- the language used in materials is clear, free from bias and appropriate to the target group
- we produce and endorse material that does not cause offence
- all products are reviewed against this policy
- we always act fairly when working with centres and learners
- we always support and demonstrate the principles of diversity and equality
- we maintain and support our providers in adhering to a Reasonable Adjustments Policy which ensures individual learning needs are catered for.

## IOSH Plagiarism policy

### Scope of the policy

This policy relates to our customers, including delegates, who are completing IOSH-produced and approved courses.

### Our aims

IOSH aims to reduce, as far as is reasonably practicable, attempts by delegates to submit inauthentic or plagiarised content. Further, we aim to ensure any attempts made by delegates to do so are addressed accordingly, that results are not affected, and that the integrity of IOSH is not diminished.

### Purpose of the policy

The purpose of this policy is to ensure Training Providers understand the implications and consequences of plagiarism, and how best to prevent plagiarism from having an impact on learner results.

### Definition of plagiarism

Plagiarism is taken to mean “The reproduction or appropriation of someone else’s work without proper attribution; passing off as one’s own the work of someone else.” \* Examples of plagiarism are likely to include (but are not limited to):

- delegates not acknowledging the actual source of their information
- delegates copying - word for word - content from a printed or online source
- delegates closely paraphrasing original text with a slight wording change
- delegates using someone else’s ideas and conclusions.

Referencing of sources is an important skill for delegates to develop and is essential for the integrity of assessment, qualifications, and awards – especially at Level 3 and above. When delegates copy chunks of text and reference it appropriately, it is not plagiarism – they have made clear that the text is not their own. However, this may be judged by the Assessor or Marker or the IQA to not meet the relevant IOSH standard.

### Training Provider responsibilities

In line with the IOSH Maladministration and Malpractice Policy, we expect delegates and Training Providers to ensure all assessments are completed without any plagiarised aspects.

It is the responsibility of the Training Provider to:

- adopt and adhere to their own policies and procedures for preventing plagiarism
- ensure delegates understand plagiarism and its consequences
- check continuously for any occurrences where the type of assessment allows for plagiarism, possibly in conjunction with the use of plagiarism-identifying software
- teach the techniques of referencing to delegates, applying an appropriate recognised method for acknowledging sources at the point of use – such as the Harvard referencing system
- ensure delegates have sufficient time, subject understanding and the resources to complete assessments without resorting to plagiarism
- address all cases of potential plagiarism. This may range from dealing with unreferenced work to investigating cases of deliberate attempts to copy unacknowledged material
- deal with all cases of plagiarism identified before allocating grades / marks and / or before the assessment work is submitted to IOSH.

## **IOSH responsibilities**

- Make clear and to enforce the consequences, including sanctions, of plagiarised work. These sanctions may apply to delegates and, in some circumstances, to Training Providers.
- Upon suspecting plagiarism, notify the Training Provider within five working days to request an investigation be undertaken and the results emailed to [verifiers@IOSH.com](mailto:verifiers@IOSH.com). More information on conducting investigations can be found in the Maladministration and Malpractice Policy.
- When concerned about continuous plagiarism, notify the Training Provider within five working days to request an investigation be undertaken and the results emailed to [verifiers@IOSH.com](mailto:verifiers@IOSH.com). In addition, IOSH will:
  - contact the delegate/s if necessary, including by telephone, email or post
  - conduct a further investigation
  - respond to the Training Provider, detailing the findings and outcome of the investigation, within ten working days of receiving all necessary
  - information and evidence
  - actions as outlined in the Maladministration and malpractice Policy may be employed
  - in addition, and where necessary, sanctions may be imposed

- achievement may be withheld from the delegate, and refusal of the opportunity to retake the IOSH course may also be applied
- in some cases, Training Provider licences may be at risk
- the Training Provider has the right to appeal any decision IOSH makes, following a sanction.

\*Plagiarism.org – Best practices for ensuring originality in written work, 2017.

## IOSH Reasonable adjustments and special considerations policy

### Scope of the policy

This policy relates to our customers, including delegates, who are using IOSH products and services. It applies the principles of diversity and equality, and practical ways in which Training Providers can ensure individual learning needs are catered for.

### Our aims

As stated in our Diversity and Equality Policy, IOSH aims to ensure that unlawful and unfair discrimination is eliminated. In practical terms, this involves supporting Training Providers in catering for individual learning needs by considering reasonable adjustments and special considerations to the learning and assessment process.

### Purpose of the policy

The purpose of this policy is:

- to define and explain what reasonable adjustments and special considerations are, and are not; and why they are important
- to describe the procedure Training Providers must follow when they wish to request a reasonable adjustment or special consideration for a delegate
- to describe the procedure IOSH will follow when reviewing requests and informing Training Providers of the outcome.

### The Equality Act 2010

The Equality Act 2010 requires Awarding Organisations to make reasonable

adjustments to ensure that learners who are disabled (as defined in the Act) are not placed at a substantial disadvantage in comparison to learners who are not disabled. Assessment should always be a fair test of delegates' knowledge and what they are able to do. However, for some delegates, the usual format of assessment may not be suitable.

The Reasonable Adjustments and Special Considerations Policy and procedure helps to ensure that delegates receive recognition for their achievement, so long as the equity, validity and reliability of the assessments can be assured. Such arrangements are not concessions to make assessments easier for delegates, nor advantages to give delegates a head start.

There are two ways in which access to fair assessment can be maintained:

- reasonable adjustments – agreed before the assessment takes place
- special considerations – applied post-assessment.

## **Definition of reasonable adjustments**

A reasonable adjustment can be any action that helps to reduce the effect of a disability or difficulty which places the delegate at a substantial disadvantage in the assessment situation.

- Reasonable adjustments must not affect the integrity of what is being assessed.
- Reasonable adjustments are approved or set in place before the assessment activity takes place: IOSH and the Training Provider will agree on an arrangement to ensure the delegate has equal access to the assessment activity.
- The use of a reasonable adjustment will not be taken into consideration during the assessment of a delegate's work.

Awarding Organisations and centres are required by law to do what is 'reasonable' in terms of giving access. What is reasonable will depend on the individual circumstances, cost implications and the practicality and effectiveness of the

adjustment. Other factors, such as the need to maintain competence and health and safety standards, will also be taken into consideration.

## **Definition of special considerations**

Special considerations can be applied after an assessment if there is a reason the delegate may have been disadvantaged during the assessment.

Reasons for special consideration could include:

- temporary illness
- injury
- adverse circumstances at the time of the assessment.

## **Training Provider responsibilities**

It is the responsibility of the Training Provider to:

- adopt and adhere to their own policies and procedures for identifying and managing requirements for reasonable adjustments and special considerations

- by means of these procedures, understand, and document any reasonable adjustments learners may require to their assessments
- consistently follow the procedure outlined below, when requesting reasonable adjustments:
  - immediately upon identifying a requirement for reasonable adjustments, complete the form located on the IOSH course management system in the library section
  - email this form to [verifiers@IOSH.com](mailto:verifiers@IOSH.com)
  - wait five working days for IOSH to respond
  - request from the delegate, and supply to IOSH in a timely way, any evidence of the learning need which IOSH may need to approve the request
- Inform IOSH of any circumstances requiring special considerations, within five working days of the assessment.

## **IOSH responsibilities**

It is the responsibility of IOSH to:

- make support available to Training Providers and help them to understand when and how reasonable adjustments can be applied
- respond within five working days to all Training Provider queries raised either by telephone (0116 2513193) or email ([verifiers@IOSH.com](mailto:verifiers@IOSH.com)).

## IOSH Maladministration and malpractice policy

### Scope of the policy

This policy relates to our customers, including delegates, who are completing IOSH-produced and approved courses; and to the Training Providers delivering these courses.

### Our aims

IOSH aims to reduce, as far as is reasonably practicable, instances of maladministration and malpractice which could diminish the integrity of IOSH.

### Purpose of the policy

The purpose of this policy is to ensure Training Providers understand the implications and consequences of maladministration and malpractice, and how best to ensure they do not arise. Further, the policy describes the process IOSH and Training Providers will follow when investigating possible instances of malpractice and maladministration.

### Definition of maladministration

Maladministration is any activity or practice which results in non-compliance with the contents of:

- Training Provider Terms and Conditions of Licence
- supplementary Conditions of Licence (where applicable)
- IOSH Training Provider approval criteria
- IOSH courses or assessment requirements
- any other regulations and procedures.

Examples of maladministration could include:

- a missed instance of plagiarism
- a typing error, indicating that a delegate has passed an assessment before they had actually taken it
- a staff member delivering a course they are not approved to or to assess a delegate, in order to cover an approved trainer in an emergency.

Reoccurring instances of maladministration may be considered to be malpractice, and IOSH reserves the right to investigate as such.

## Defining malpractice

Malpractice is any activity or practice:

- which is unethical and / or illegal
- which compromises or could compromise the integrity, reputation and / or the validity of the programme, assessment and certification process
- which compromises, or could compromise the integrity, reputation and / or the validity of the Training Provider, IOSH or the wider education sector.

Malpractice could occur at a delegate, staff and / or Training Provider level.

Malpractice may be more likely than maladministration to have greater implications for the Training Provider and / or delegates. As such, IOSH treats all cases of potential malpractice very seriously.

Examples of malpractice could include:

- a group of delegates and / or an employer submitting falsified evidence
- consistently falsified data, indicating all delegates achieving in a timely manner when they do not
- regular use of unapproved trainers to deliver courses or assess qualifications.

## Identifying possible maladministration or malpractice

Anyone can come across an issue that they think could constitute potential maladministration or malpractice.

- IOSH might identify cases of maladministration and / or malpractice through routine quality assurance processes.
- IOSH might receive an allegation of maladministration and / or malpractice about a Training Provider. This may come from a person who wishes to remain anonymous and / or does not disclose any contact details. If IOSH is provided with enough information, it may still investigate the allegation.
- Unless there is a reason not to do so, IOSH will notify the Training Provider upon identification or receipt of an allegation of maladministration or malpractice.

## Consequences of maladministration and malpractice

If IOSH establishes that maladministration and / or malpractice has occurred or is highly likely to have occurred, IOSH will take proportionate action to protect relevant delegate(s), product(s) and reputation(s). IOSH refers to these actions as Sanctions. For further information, refer to the IOSH Sanctions Policy outlined later in this document.

IOSH reserves the right, during an investigation, to:

- suspend Training Providers' licence for the IOSH course in question, and any other licences they hold with IOSH
- withhold results for external assessments
- withhold claims for delegate certification
- take any other necessary, appropriate and proportionate action.

IOSH may invoke the right, under the Training Provider Terms and Conditions of Licence and Supplementary Conditions of Licence (where applicable), to revoke Training Provider licences.

Consequences of maladministration and malpractice may involve termination of the relationship between IOSH and the Training Provider if deemed necessary.

## Training Provider responsibilities

It is the responsibility of the Training Provider to:

- adopt and adhere to their own policies and procedures for minimising the risk of maladministration and / or malpractice from occurring
  - these procedures must include details of how staff will investigate and deal with any alleged, suspected or proven cases of maladministration and / or malpractice
- proactively take steps to identify and investigate any instances of maladministration and / or malpractice and these investigations must be:
  - rigorous, effective, proportionate, transparent and risk-based
  - impartial, thorough and conducted by someone with sufficient seniority who is independent from the incident
- preserve all evidence relating to investigations
- inform IOSH of any instances of maladministration and / or malpractice via phone (0116 2513193\*) or email ([verifiers@IOSH.com](mailto:verifiers@IOSH.com)), providing all requested information, which may include:

- the dates of the alleged or suspected maladministration or malpractice
- your Training Provider details
- the people involved
- the title and number of the programme affected
- the details of the alleged or actual maladministration or malpractice
- whether other delegates, Training Providers and / or Awarding Organisations may have been affected by the incident, as we may be required to inform the other Regulators.

\*Please note that calls may be recorded for training and quality purposes.

## IOSH responsibilities

It is the responsibility of IOSH to:

- work with Training Providers and delegates to prevent incidents of maladministration and malpractice occurring, through supporting visits and documentation
- consider risks caused by maladministration and malpractice which could result in an adverse effect, such as:
  - prejudice to delegates or potential delegates
  - public confidence in IOSH courses
  - public confidence in IOSH, the wider education sector, or the wider OSH sector
- determine whether further internal investigation is required, in instances of maladministration and malpractice highlighted to us. If this is the case, IOSH will:
  - tell you what we need you to do
  - explain what information and evidence we need you to submit
- carry out investigations into instances of maladministration and malpractice highlighted to us, including taking one or more of the following approaches:
  - telephoning and / or visiting Training Providers to establish facts
  - reviewing or collecting information to help us with our investigation, including removing files from Training Provider premises and accessing confidential information where necessary
    - we aim to access and retain original evidence or information, however if original records cannot be retained, we will photocopy the original and record the copy as authentic

- arranging for IOSH's Quality Assurance Team to carry out a Training Provider visit, for which a fee may be charged to the Training Provider
- carrying out interviews (either face-to-face or by telephone) with people relevant to the investigation, including delegates
- requesting in writing any further information as necessary
- retaining records and documentation during and after the completion of investigations in line with data protection legislation
- disclosing to our Awarding Organisation any matter that may require Mandatory Disclosure
- review all documents relating to the investigation for points of factual accuracy within 10 working days of receipt
- make an informed decision in determining whether maladministration and / or malpractice has occurred and, if so, the appropriate action to be taken and / or sanction(s) to be imposed
  - for further information, see the IOSH Sanctions policy later in this document
- where relevant, communicate the outcome of the investigation to the external party who made the allegation; not sharing any information which could unduly breach confidentiality
- communicate to Training Providers their right to appeal sanctions resulting from maladministration and malpractice, detailed within the appeals policy later in this document.

## IOSH Conflict of interest policy

### Scope of the policy

This policy relates to our customers, including delegates, who are completing IOSH-produced and approved courses.

### Our aims

IOSH aims to reduce, as far as is reasonably practicable, conflicts of interest in the completion and assessment of qualifications which could diminish the integrity of IOSH.

### Purpose of the policy

The purpose of this policy is to ensure Training Providers understand the implications and consequences of conflicts of interest, and how best to ensure they do not arise.

### Definition of a conflict of interest

A conflict of interest is an activity in which a person / organisation has interests or loyalties which may lead it to act contrary to the interests of the appropriate development, delivery and award of qualifications.

Conflicts of interest may arise in different situations associated with the development, delivery and award of IOSH courses. For example (this list is not exhaustive):

- where an assessment and IQA activity is undertaken by the same person
- where a person is internally or externally marking assessments for IOSH, and works for a Training Provider who delivers IOSH courses belonging to IOSH
- where a person is internally marking assessments of a delegate who is a friend or relative
- where a person has interests which conflict with their professional association with IOSH courses.

### Training Provider responsibilities

It is the responsibility of the Training Provider to:

- ensure that all staff and the wider workforce (Trainers, Assessors, IQAs, administration staff, business consultants, qualification developers, assessment markers et cetera) are made aware of this policy
- be proactive in the identification and management of conflicts of interest
- strive to identify and deal with conflicts of interest sooner rather than later

- raise any conflicts, or possible conflicts, of interest to the IOSH Quality Assurance Team by emailing details to [verifiers@IOSH.com](mailto:verifiers@IOSH.com)
- be open about the nature of any conflicts of interest and not try to hide them or present them light
- effectively manage any conflicts of interest to prevent issues from occurring which could have an impact on IOSH courses' operational effectiveness and / or regulatory compliance.

## **IOSH responsibilities**

It is the responsibility of IOSH to:

- make support available to Training Providers and help them to understand how to manage conflicts of interest
- respond within five working days to all Training Provider queries raised either by telephone (0116 2513193) or email ([verifiers@IOSH.com](mailto:verifiers@IOSH.com)).

## IOSH Sanctions policy

### Scope of the policy

This policy relates to Training Providers in the IOSH network delivering courses in collaboration with or on behalf of IOSH. It also relates to delegates undertaking IOSH courses with these Training Providers.

### Our aims

IOSH aims to reduce, as far as is reasonably practicable, instances of

maladministration and malpractice which could diminish the integrity of IOSH. This policy supports that aim by making clear to providers the sanctions which may be imposed should they be found to have acted in ways constituting maladministration and / or malpractice.

### Purpose of the policy

The purpose of this policy is to ensure Training Providers understand the sanctions which may result from maladministration and malpractice. It sets out and explains a range of potential punitive actions that IOSH may take in relation to Training Providers, staff and / or delegates who are suspected of not adhering, or proven to have not adhered, to our regulations, policies and / or procedures.

### Defining sanctions

Sanctions are punitive actions which IOSH may apply. They might be applied:

- when Training Providers, their staff, or their delegates fail to comply with IOSH policies, procedures or instructions
- when Training Providers, their staff, or delegates, do something which may pose a risk to and / or threaten the integrity of IOSH in any way.

Examples of sanctions include, but are not limited to:

- withholding certification from individual delegate or cohorts of delegates – temporarily or permanently
- failing delegates and withholding permission for them to re-sit with any other IOSH Training Provider
- suspension of the Training Provider licence to deliver
- cancellation of the Training provider license to deliver any of the IOSH products.

## Training Provider responsibilities

It is the responsibility of the Training Provider to undertake any action required by IOSH to:

- support investigations
- prevent the application of sanctions
- mitigate the impact on delegates of sanctions applied
- if appealing a sanction, to use the process outlined in the Appeals Policy on page 21-23.

## IOSH responsibilities

It is the responsibility of IOSH to:

- take a proportionate and evidence-based approach to applying sanctions, that:
  - are most often imposed following, or during, an investigation; and so are most often temporary, though IOSH reserves the right to apply permanent sanctions where proportionate and necessary
  - may be imposed where IOSH has required a Training Provider to take an action and they have not done so
  - will reflect the seriousness of the infringement and its frequency (i.e., whether it was a one-off or a systematic issue)
- consider the actual or potential risk to our integrity in determining sanctions
- apply sanctions with the minimum possible impact on delegates, but IOSH reserves the right to apply sanctions affecting delegates when necessary
- communicate effectively with Training Providers regarding investigations and sanctions
  - IOSH will generally notify providers of sanctions, and of actions required to avoid sanction, over the phone; explaining the type of sanction that is being applied and the reasons why
  - this information will always be reiterated in writing – via email or letter
  - when sanctions are lifted or adjusted, IOSH will notify the Training Provider by telephone and confirm in writing
  - IOSH provides a clear Appeals Process later in this document, explaining how sanctions may be appealed by Training Providers
- communicate effectively with third parties where applicable

- on occasions that IOSH is required to disclose some sanctions to Awarding Organisations, Training Providers will be notified of this
- IOSH will respect the confidentiality of information we handle, and comply with any associated legislative requirements for data handling
- IOSH will retain records and documentation during and after the completion of the investigation.

## IOSH Appeals Policy

### Scope of the policy

This policy relates to Training Providers in the IOSH network delivering courses in collaboration with or on behalf of IOSH. It also relates to delegates undertaking IOSH courses with these Training Providers.

### Our aims

IOSH aims to reduce, as far as is reasonably practicable, instances of maladministration and malpractice which could diminish the integrity of IOSH. This policy supports that aim by supporting Training Providers' understanding of the sanctions which may be imposed should they be found to have acted in ways constituting maladministration and / or malpractice; and how can appeal those sanctions.

### Purpose of the policy

The IOSH appeals process allows the Training Provider to outline their views or grievances in relation to:

- the results of an assessment marked by the Training Provider
- the results of an assessment marked by the Training Provider and moderated by IOSH
- maladministration or malpractice investigations
- sanctions imposed by IOSH.

Any other area which has resulted in Training Providers' dissatisfaction should be addressed via the IOSH Complaints Policy.

### The appeal procedure

- An appeal may be lodged with IOSH by:
  - the person directly informed of, or directly affected by, IOSH's decision or action
  - a legal representative acting on behalf of and with the explicit written permission of that person
  - an appeal may be lodged on behalf of a delegate or a group of delegates, with the explicit written permission of that delegate or group of delegates.

Any appeal must be submitted within 30 days of written notification of sanction.

## Training Provider responsibilities

It is the responsibility of the person submitting the appeal to:

- submit a written report as to why they believe that an appeal should be considered, providing supporting evidence where possible, to [verifiers@IOSH.com](mailto:verifiers@IOSH.com)
  - please note that appeal applications without supporting evidence may not be accepted
- include in the report:
  - the Training Provider name, address and Training Provider reference number
  - the delegates name (delegates' names) and date(s) of birth
  - the course titles
  - the date of the assessment
  - the date(s) the Training Provider or the delegate received notification of the IOSH assessment decision
  - the nature of the service affected and / or the IOSH course affected
  - the full nature of the appeal, explaining clearly why the Training Provider thinks IOSH did not apply or follow the procedures consistently or fairly
  - the assessment paperwork if applicable
  - the content and outcome of any investigation carried out by the Training Provider or the delegate(s) relating to the issue
  - the date of the report, the author position and signature
- email or post the completed report and any supporting evidence to IOSH Quality Assurance team on [verifiers@iosh.com](mailto:verifiers@iosh.com) as soon as possible within 30 working days from the date IOSH informed the Training Provider about the original decision.

## IOSH responsibilities relating to assessment appeals

It is the responsibility of IOSH to:

- decide whether to accept the application for an appeal, based on:
  - whether the appeal as submitted is properly constituted as outlined above
  - receipt of the application within the 30-day timescale
- if in agreement that the appeal should be heard, IOSH will follow a four-stage approach, detailed below.

- 1 IOSH will arrange for the Quality Assurance Team / Manager to review the case and to either uphold or reject the appeal.
- 2 The Training provider will give the Delegate a copy of the assessment in question.
- 3 The training provider will ask the Delegate to write to IOSH Quality Assurance team, enclosing the assessment paperwork, explaining the grounds for appeal; - please email this to [verifiers@iosh.com](mailto:verifiers@iosh.com).
- 4 IOSH will moderate (or re-moderate) the assessment paper in question. IOSH will advise the Training Provider and the Delegate of its decision within ten working days of receiving the appeal. IOSH's decision is final.

## **IOSH responsibilities relating to appeals**

It is the responsibility of IOSH to decide whether to accept the application for an appeal, based on:

- whether the appeal as submitted is properly constituted as outlined above
- receipt of the application within the 30-day timescale.

If in agreement that the appeal should be heard, IOSH will:

- arrange for the Quality Assurance Team / Manager to review the case and to either uphold or reject the appeal
- congregate a panel to review the appeal, where relevant.

A rejected appeal decision can be escalated to the Director of Governance. The Director's decision is final and cannot be appealed against.

## IOSH Complaints Policy

### Scope of the policy

This policy relates to all IOSH customers wishing to express dissatisfaction regarding our actions, products, services and / or the application of our policies. For more information, you can also visit our [complaints page](#).

### Our aims

IOSH aims to ensure that all customer complaints are received, managed and responded to in accordance with expectations set in this policy. Further, we aim to use all complaints and feedback as opportunities to inform our continuous improvement.

### Purpose of the policy

The purpose of this policy is to set out the steps Training Providers need to follow when submitting a complaint to IOSH and, should the complaint be accepted, the steps IOSH will follow to investigate the complaint and come to a decision.

### Defining complaints

IOSH defines a complaint as an expression of dissatisfaction relating to:

- mistakes or poor service
- unreasonable delay or failure to act
- unprofessional behaviour or conduct of our staff
- bias or unfair treatment.

### Training Provider responsibilities

It is the responsibility of the Training Provider to work to resolve any complaint before the customer contacts IOSH independently. While customers should always be aware of their opportunity to raise complaints with IOSH, many complaints can and should be resolved at Training Provider level.

It is the responsibility of the Training Provider to ensure, in cases where complaints cannot be locally resolved, that customers understand the procedure outlined below.

- 1 Customers wishing to complain directly to IOSH should complete our complaints form on the [IOSH website](#).

## 2 Your complaint should provide details of:

- the full nature of the complaint (what happened)
- the date(s) the issue came to your attention (when it happened)
- the nature of the service affected and / or the IOSH course affected
- the content and outcome of any investigation carried out by the Training Provider relating to the issue

## 3 If at any point the Training Provider, their staff or delegate wish to be represented legally in relation to any aspect of a complaint, this must be discussed with IOSH, which reserves the right to be represented legally and to act upon legal advice.

### IOSH responsibilities

It is the responsibility of IOSH to:

- listen, to see if mistakes can be rectified
- investigate all complaints, which may involve contacting parties involved
- respond to all complaints within 15 working days, providing either a resolution, rebuttal, or substantive update
  - in the case of complaints made anonymously at the customer's choice, IOSH will provide confirmation of receipt but may not be able to investigate
- internally escalate complaints not resolved to the customer's satisfaction
  - if a complaint is escalated to a Director – the Director decision is final and cannot be appealed against
- maintain on file all complaints, including those made anonymously, and refer to them in support of our ongoing risk analysis and review
- treat all complaints fairly
- identify when a complaint made is meritless or malicious, and inform the complainant that no further investigation will be undertaken unless new information is provided
- protect the wellbeing of our staff, including supporting decisions not to deal with persistent or abusive complainants.



The Institution of Occupational Safety and Health (IOSH) is the world's largest professional body for safety and health, and the only one with Chartered status.

We've been around since 1945, and today we're a registered charity with international NGO status. That means we're in a unique position to lead the way: shaping policy, championing positive change, and standing up for everyone's right to a safe and healthy workplace.

With a global community of 50,000 members, spread across 130 countries, together, we share one vision: a world where work is safe and healthy for all.

Through the work of our members, and our qualifications and training, we provide the skills, knowledge, and expertise needed to keep people and workplaces safe - and businesses and economies thriving.

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