

Control Information	
Policy Title	Malpractice policy
Group Directorate	Customer Operations
Directorate	One Academy
Policy Owner	Head of One Academy, Samantha Whenman
Approval Group	
Date first approved	01/05/18
Date last reviewed	01/06/22
Next review date	01/06/25

DOCUMENT CONTROL

Document Control			
Version	Date	Reason for release/version update	Issued by
ISSUE V1	01/05/2018	Document Creation	Edyta White
ISSUE V2	18/12/2018	Document Audit	Cheyenne Vessey
ISSUE V3	04/03/2020	Document Edit	Cheyenne Vessey
ISSUE V4	01/06/2022	Document Edit	Samantha Whenman

CONTENTS

Document details	Error! Bookmark not defined.
Document control	1
Contents	2
1 Introduction.....	3
2 Objective	3
3 Responsibilities.....	3
3.1 Centre staff malpractice	3
3.2 Learner malpractice	5
4 Procedure	5
4.1 Mcedco - reporting lines	5
4.2 Responsibilities of city & guilds staff	7
5 Definitions	8
6 Associated documents	8

1 INTRODUCTION

OHG is committed to providing high-quality qualifications which are assessed and awarded consistently, accurately and fairly and in which public confidence is maintained. OHG centre staff and all those involved in the implementation, assessment and quality assurance of Awarding organisation's qualifications are expected to demonstrate honesty, integrity and competence in carrying out their respective responsibilities.

2 OBJECTIVE

The purpose of this document is to set out the procedures to be followed in identifying and reporting malpractice by staff, managers, and/or learners and the actions which OHG may subsequently take

3 RESPONSIBILITIES

It our responsibility to ensure that all relevant staff involved in the management, assessment, invigilation, moderation or internal quality assurance of the Awarding organisation's qualifications are made aware of the contents of this document.

Malpractice is defined by OHG and the Awarding organisation as an act or an instance of improper practice and includes maladministration. Malpractice is any activity, practice or omission which is either wilfully negligent or deliberately contravenes regulations and requirements and compromises the:

- internal or external assessment process
- integrity of a qualification
- validity of a result or certificate
- reputation and credibility of OHG and/ or the Awarding organisation

Maladministration is defined as any activity, practice or omission which results in centre or learner non-compliance with administrative regulations and requirements. For example: persistent mistakes or poor administration within our centre resulting in the failure to keep appropriate learner assessment records.

Examples of Malpractice by Centre Staff and Learners

3.1 Centre staff malpractice

3.1.1 Failure to meet the Awarding organisation's centre and qualification approval requirements

Examples of this would include:

- inaccurate or deliberately misleading statements or submissions provided during the centre or qualification approval process, or at any time during the assessment process whilst applying for centre approval
- failure to provide the staff, resources or systems needed to support assessment, internal quality assurance or certification claims
- failure to maintain the quality assurance of the centre
- failure to maintain accurate records relating to learners, assessment or internal quality assurance, or to retain such records for the required period of time
- failure to provide OHG assessment and quality team or the Awarding organisation with access to premises, people or records
- failure to implement specified remedial actions
- failure to notify OHG assessment and quality team or the Awarding organisation of suspected malpractice.

3.1.2 Influencing the assessment or certification process

Examples of this would include:

- permitting, facilitating, obtaining or disseminating unauthorised access to secure examination/ assessment material
- assisting or prompting learners in the production of answers to examination questions or assessment evidence, beyond that permitted
- any action that allows learners to have an unfair advantage
- falsification or fabrication of learners' marks, assessment evidence, observation records, certification claims or results documentation and any other records or documentation pertaining to OHG or the Awarding organisation's qualifications
- deliberately claiming for certificates where there is no evidence to support certification
- manipulating learner samples for the purpose of external quality assurance/moderation. The sample should be representative of the standard of work across the rest of the cohort/qualification
- failure of a member of centre staff to report any instances of malpractice or suspected malpractice as defined in section 2 /3 to the appropriate person/team.

3.1.3 Failure to meet the requirements for the conduct of examinations

Examples of this would include:

- breaches of any secure material, including examination papers or materials and their electronic equivalents
- unauthorised changes to examination timetables
- failure to issue learners with appropriate notices and warnings
- non-adherence to the invigilation requirements
- failure to despatch scripts to examiners promptly and efficiently
- amendment of examination materials without permission

- failure to provide access arrangements in accordance with OHG and the Awarding organisation's requirements.

3.2 Learner malpractice

3.2.1 Breach of examination or assessment rules, regulations and requirements

Examples of this would include:

- falsification of assessment evidence or results documentation
- plagiarism of any nature
- collusion with others
- copying from another learner (including the use of ICT to aid copying), or allowing work to be copied
- deliberate destruction of another's work
- false declaration of authenticity in relation to the contents of a portfolio or coursework
- obtaining or attempting to obtain secure examination/assessment material
- impersonation

3.2.2 Inappropriate conduct during an examination/assessment session

Examples of this would include:

- introduction of unauthorised material or instruments into the examination room/assessment session
- continued misuse or attempted misuse of examination/assessment material
- exchanging, obtaining, receiving or passing on unauthorised or confidential examination or assessment material
- disruptive, violent or offensive behaviour
- any form of communication with other learners (written, verbal, gestures, expressions, pointing etc.)
- failure to abide by the instructions of an invigilator or supervisor.

4 PROCEDURE

Responsibilities to Report Malpractice/maladministration

4.1 OHG— reporting lines

4.1.1 OHG/Centre staff discovering or suspecting malpractice

OHG/Centre staff who discover or suspect malpractice must **immediately** report this to the Quality Manager (Head of the Centre). The QM is required to notify the Awarding organisation of all allegations or incidents of malpractice, actual or suspected within 10 working days of it being reported to them and prior to the commencement of any internal investigation activity.

N.B. Failure by a centre to notify the Awarding organisation of any incidents or allegations of suspected malpractice constitutes malpractice.

Failure to take action as required by the Awarding organisation or to co-operate with an Awarding organisation investigation also constitutes malpractice.

When OHG receive a request from the Awarding organisation to conduct an investigation into the allegations we should aim to complete the investigation within 15 working days including the report/findings.

Please see below for specific requirements when the Centre (Head of One Academy – the QM) conducts the investigation.

Any suspected malpractice will be reported to CMI immediately.

Learners as well as centre staff can report suspected malpractice directly to CMI using CMI Whistle blowing policy.

4.1.2 Investigation led by OHG Head of One Academy

The Head of One Academy is required to:

- notify the Awarding organisation of all incidents of malpractice, actual or suspected within 10 working days of it being reported to them and prior to the commencement of any investigation activity
- supervise the investigation personally or delegate the investigation to an appropriate senior member of staff
- establish the full facts, circumstances and scale of the irregularities
- provide a report to the Awarding organisation when the investigation has been completed (aim to within 15 working days, inform the Awarding organisation if longer)
- pass on to the individuals concerned any decisions, warnings or notification of penalties.

N.B. The Head of One Academy should consider that both staff and learners can be responsible for malpractice. For this reason, **investigations into malpractice must not be delegated to the manager of the section, team or department involved in the suspected malpractice.** Conflicts of interest which arise in this situation may compromise the investigation.

Individuals accused of malpractice must be informed, preferably in writing of the allegation made against them, evidence that supports the allegation and the possible consequences should malpractice be proven.

The Awarding organisation reserves the right to suspend any claims for certification submitted by OHG's centre, either on notification of malpractice (suspected or actual), or at any time during the investigation to protect the integrity of the qualification(s) in question and to prevent the possibility of certificates being issued erroneously.

4.1.4 Report of investigation undertaken by OHG Centre

The Head of One Academy (QM) must submit a full written report of the investigation to the Awarding organisation . The report should include the following as appropriate:

- a detailed account of the circumstances of the alleged malpractice and of the investigation carried out by the centre (this should include but is not limited to; the full investigation report with any noted appendices, and any preventative and punitive actions that have been taken)
- signed and dated written statement(s) or transcripts of interviews from the invigilator(s), professional(s), internal quality assurer/ moderator(s) or other staff involved
- signed and dated written statements or transcripts of interviews from any learners who are involved
- any work of the learner(s) involved and any associated material, if relevant any mitigating factors.

4.1.5 Notification, Checklists and Reporting Templates

For suspected learner malpractice and to establish if there is a case the fact finding form MP1 is used. For suspected malpractice of staff the QSM will perform the initial fact finding with other relevant senior managers.

The notification forms (JCQ/M1 & JCQ/M2a) will be completed by the QM and IQA/ moderator where applicable to notify the Awarding organisation of alleged malpractice/maladministration instances before and after an investigation conducted by OHG staff.

To summarise:

- Form MP1 is to be used when there is suspected learner malpractice to ascertain if there is an actual malpractice.
- Form JCQ/M1 is to be used for notifying and reporting alleged learner malpractice to the Awarding organisation
- Form JCQ/M2a is to be used for notifying and reporting alleged malpractice/maladministration to the Awarding organisation
- Form JCQ/M2b is to be used for reporting to the Awarding organisation post the investigation

Applicable notification forms and checklist will be sent to the Awarding organisation's address.

4.2 Responsibilities to report malpractice by the Awarding organisation's Staff (this section is for OHG's information only)

4.2.1 Awarding organisation staff

Awarding organisation staff who discover or suspect centre or learner malpractice in carrying out their day-to-day responsibilities must immediately report their concerns and provide an account that should include; the centre name and number; the full nature of the malpractice; particularly noting

any urgent/high risk concerns; the people involved; the date(s) malpractice occurred; the qualification affected. The OHG account will then be sent to the appropriate department.

4.2.2 Investigation undertaken by the Awarding organisation

The Awarding organisation will endeavour to ensure that those responsible for managing and carrying out investigations are independent of the management of normal working relationships with the centre involved or with the external quality assurers associated with that centre. The Awarding organisation will aim to complete the investigation with minimal inconvenience and in the shortest possible time. The centre's ability to provide all the information requested as quickly as possible will help to ensure this aim is met. On conclusion of the investigation, the Head of One Academy will be informed of the outcome.

4.2.3 Malpractice Panel

In order to determine the outcome in certain cases of alleged malpractice, the Awarding organisation may appoint a Malpractice Panel responsible for making decisions. The following cases should be referred to the Awarding organisation's 'Malpractice Panel', for resolution:

- the recommended sanction involves the removal of qualification approval
- the recommended sanction involves the removal of centre approval
- the recommended sanction on an individual staff member prevents them from involvement in the delivery of the Awarding organisation's qualifications for a set period of time
- the recommended sanction on a learner, debars them from registering on the Awarding organisation's qualifications for a set period of time.

4.2.4 Report of investigation undertaken by the Awarding organisation

The Awarding organisation will produce a report outlining the findings of the investigation. This will be sent to the Head of One Academy. Information concerning the investigation and its outcome will be shared with the regulatory bodies.

5 DEFINITIONS

Document Definitions	
Term	Definition
QM	Quality Manager
OHG	One Housing Group

6 ASSOCIATED DOCUMENTS

Document title	Reference
Learning and Assessment Policy & Strategy	PL00004