

P68 Malpractice and Maladministration Policy

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1 INTRODUCTION

This policy is aimed at our staff and associates, including learners where suspected malpractice is committed, who are delivering/registered on TCHC GROUP's programmes or courses, approved qualifications, or units and who are involved in suspected or actual malpractice/maladministration. It is also for use by our staff to ensure they deal with all malpractice and maladministration investigations in a consistent manner.

It sets out the steps that TCHC GROUP LTD, and learners or other personnel must follow when reporting suspected or actual cases of malpractice/maladministration and our responsibilities in dealing with such cases. It also sets out the procedural steps we will follow when reviewing the cases.

This policy has been written following the requirements of the JCQ Suspected Malpractice Policies and procedures and is updated on an annual basis.

2 RESPONSIBILITY

It is important that all staff involved in the management, assessment and quality assurance of our qualifications, and learners, are fully aware of the contents of the policy and we have arrangements in place to prevent and investigate instances of malpractice and maladministration.

3 DEFINITION OF MALPRACTICE

Malpractice is essentially any activity or practice which deliberately contravenes regulations and compromises the integrity of the internal or external assessment process and/or the validity of certificates.

It covers any deliberate actions, neglect, default or other practice that compromises, or could compromise:

- the assessment process;
- the integrity of a regulated qualification;
- the validity of a result or certificate;
- the reputation and credibility of TCHC GROUP; or,
- the qualification or the wider qualifications community.

Malpractice may include a range of issues from the failure to maintain appropriate records or systems, to the deliberate falsification of records in order to claim certificates.

Examples of malpractice

- Failure to carry out internal assessment, internal moderation or internal verification in accordance with our requirements
- Deliberate failure to adhere to our learner registration and certification procedures.
- Deliberate failure to continually adhere to our centre recognition and/or qualification approval requirements or actions assigned to your centre
- Deliberate failure to maintain appropriate auditable records, e.g. certification claims and/or forgery of evidence
- Fraudulent claim(s) for certificates
- Intentional withholding of information from us which is critical to maintaining the rigour of quality assurance and standards of qualifications
- Collusion or permitting collusion in exams/assessments
- Learners still working towards qualification after certification claims have been made
- Plagiarism by learners/staff
- Copying from another learner (including using ICT to do so).

AI (artificial intelligence) misuse which constitutes malpractice

Learners must be able to demonstrate that the final submission is the product of their own independent work and independent thinking. AI misuse is where a learner has used one or more AI tools but has not appropriately acknowledged this use and has submitted work for assessment when it is not their own.

Examples of AI malpractice are listed below.

- Copying or paraphrasing sections of AI-generated content so that the work submitted for assessment is no longer the learners own
- Copying or paraphrasing whole responses of AI-generated content
- Using AI to complete parts of the assessment so that the work does not reflect the learners own work, analysis, evaluation or calculations
- Failing to acknowledge use of AI tools when they have been used as a source of information
- Submitting work with intentionally incomplete or misleading references or bibliographies

For the purpose of this policy this term also covers misconduct and forms of unnecessary discrimination or bias towards certain or groups of learners.

4 DEFINITION OF MALADMINISTRATION

Maladministration is essentially any activity or practice which results in non-compliance with administrative regulations and requirements and includes the application of persistent mistakes or poor administration.

Examples of maladministration

- Persistent failure to adhere to Awarding Body learner registration and certification procedures.
- Persistent failure to adhere to TCHC GROUP's recognition and/or qualification requirements and/or associated actions
- Late learner registrations (both infrequent and persistent)
- Unreasonable delays in responding to requests and/or communications from TCHC GROUP
- Inaccurate claim for certificates
- Failure to maintain appropriate auditable records, e.g. certification claims and/or forgery of evidence
- Withholding of information, by deliberate act or omission, from us which is required

5 PROCESS FOR MAKING AN ALLEGATION OF MALPRACTICE OR MALADMINISTRATION

Anybody who identifies or is made aware of suspected or actual cases of malpractice or maladministration at any time must immediately notify the Head of Quality who will notify the Managing Director. This is the same process for if the suspected malpractice or maladministration was by centre staff.

All allegations must include (where possible):

- Learner's name and ULN
- Staff members name and job role - if they are involved in the case
- Details of the course/qualification affected, or nature of the service affected
- Nature of the suspected or actual malpractice and associated dates details and outcome of any initial investigation carried out by TCHC GROUP or anybody else involved in the case, including any mitigating circumstances

The Head of Quality will then conduct an initial investigation prior to ensure that staff involved in the initial investigation are competent and have no personal interest in the outcome of the investigation.

In all cases of suspected malpractice and maladministration reported we will protect the identity of the 'informant' in accordance with our duty of confidentiality and/or any other legal duty.

The Awarding Body must be notified immediately of any suspected or otherwise Malpractice or Maladministration in writing.

6 CONFIDENTIALITY AND WHISTLE BLOWING

Sometimes a person making an allegation of malpractice or maladministration may wish to remain anonymous. Although it is always preferable to reveal your identity and contact details to us; however, if you are concerned about possible adverse consequences you may request that the Managing Director does not divulge your identity.

While we are prepared to investigate issues, which are reported to us anonymously we shall always try to confirm an allegation by means of a separate investigation before taking up the matter with those the allegation relates to.

7 RESPONSIBILITY FOR THE INVESTIGATION

In accordance with regulatory requirements all suspected cases of maladministration and malpractice will be examined promptly to establish if malpractice or maladministration has occurred and will take all reasonable steps to prevent any adverse effect from the occurrence as defined by Ofqual.

We will acknowledge receipt, as appropriate, to external parties within 48 hours.

Our Managing Director will be responsible for ensuring the investigation is carried out in a prompt and effective manner and in accordance with the procedures in this policy and will allocate a relevant member of staff to lead the investigation and establish whether or not the malpractice or maladministration has occurred, and review any supporting evidence received or gathered.

8 NOTIFYING RELEVANT PARTIES

Where applicable, our Head of Centre will inform the appropriate regulatory authorities if we believe there has been an incident of malpractice or maladministration which could either invalidate the award of a qualification or if it could affect another awarding organisation.

Where the allegation may affect another awarding organisation and their provision, we will also inform them in accordance with the regulatory requirements and obligations imposed by the regulator Ofqual. If we do not know the details of organisations that might be affected, we will ask Ofqual to help us identify relevant parties that should be informed.

9 INVESTIGATION TIMELINES AND SUMMARY PROCESS

We aim to action and resolve all stages of the investigation within 20 working days of receipt of the allegation.

The fundamental principle of all investigations is to conduct them in a fair, reasonable, and legal manner, ensuring that all relevant evidence is considered without bias. In doing so investigations will be based around the following broad objectives:

- To establish the facts relating to allegations/complaints in order to determine whether any irregularities have occurred.
- To identify the cause of the irregularities and those involved.
- To establish the scale of the irregularities.
- To evaluate any action already taken
- To determine whether remedial action is required to reduce the risk to current registered learners and to preserve the integrity of TCHC Group and the qualification.
- To identify any adverse patterns or trends.

The investigation may involve a request for further information from relevant parties and/or interviews with personnel involved in the investigation. Therefore, we will:

- Ensure all material collected as part of an investigation must be kept secure.
- If an investigation leads to invalidation of certificates, or criminal or civil prosecution, all records and original documentation relating to the case will be retained until the case and any appeals have been heard and for five years thereafter.
- Expect all parties, who are either directly or indirectly involved in the investigation, to fully co-operate with us.

Either at notification of a suspected or actual case of malpractice or maladministration and/or at any time during the investigation, we reserve the right to withhold a learner's, and/or cohort's, results.

Where a member of staff or a TCHC GROUP Associate is under investigation we may suspend them or move them to other duties until the investigation is complete.

Throughout the investigation one of our directors will be responsible for overseeing the work of the investigation team to ensure that due process is being followed, appropriate evidence has been gathered and reviewed and for liaising with and keeping informed relevant external parties.

Investigation report

After an investigation, we will produce a draft report for the parties concerned to check the factual accuracy. Any subsequent amendments will be agreed between the parties concerned and ourselves. The report will:

- Identify where the breach, if any, occurred.
- Confirm the facts of the case.
- Identify who is responsible for the breach (if any)
- Confirm an appropriate level of remedial action to be applied.

We will make the final report available to the parties concerned and to the regulatory authorities and other external agencies as required.

If it was an independent/third party that notified us of the suspected or actual case of malpractice, we'll also inform them of the outcome – normally within 10 working days of making our decision - in doing so we may withhold some details if to disclose such information would breach a duty of confidentiality or any other legal duty.

If it's an internal investigation against a member of our staff the report will be agreed by the one of the directors along with the relevant internal managers and appropriate internal disciplinary procedures will be implemented.

10 INVESTIGATING OUTCOMES

If the investigation confirms that malpractice or maladministration has taken place, we will consider what action to take in order to:

- Minimise the risk to the integrity of certification now and in the future.
- Maintain public confidence in the delivery and awarding of qualifications.
- Discourage others from carrying out similar instances of malpractice or maladministration.
- Ensure there has been no gain from compromising our standards.

The action we take may include:

- Imposing actions in order to address the instance of malpractice/maladministration and to prevent it from reoccurring
- In cases where certificates are deemed to be invalid, inform the Awarding Organisation concerned and the regulatory authorities why they're invalid and any action to be taken for reassessment and/or for the withdrawal of the certificates. We'll also let the affected learners know the action we're taking and that their original certificates are invalid and ask – where possible – to return the invalid certificates to TCHC GROUP.
- Informing relevant third parties (e.g. funding bodies) of our findings in case they need to take relevant action.

In addition, to the above the Head of Quality will record any lessons learnt from the investigation and pass these onto relevant internal colleagues to help prevent the same instance of maladministration or malpractice from reoccurring.

If the relevant party wishes to appeal against our decision to impose sanctions, please refer to our Complaints Procedure.

K. Kitchener

Kim Kitchener

Head of Quality – TCHC

Document History

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Revision and Amendment register

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