Quack
Recruitment & Training

Malpractice, Maladministration and Assessment Integrity Policy

Skills Bootcamp Provision | Adult Learners 19+ | Version 2.0

Policy field	Current position
Provider	Quack Recruitment & Training Ltd
Applies to	Adult learners aged 19+, applicants, staff, tutors, assessors, IQAs, invigilators, learner engagement and progression staff, managers, contractors, associates, subcontractors, employer partners and any person involved in funded delivery, assessment, evidence, reporting or certification.
Policy owner	Jessica Roughton - Quality & Compliance Lead, DSL and SEND Lead
Senior accountable lead / Head of Centre	Dion Bishop - Director of Contracts & Operations
Alternative independent route	Independent Governor / external governance adviser where the senior accountable lead, policy owner or centre management may be implicated.
Approved reporting route	compliance@quackrecruitmentandtraining.co.uk 0333 577 0036, or confidential written report to the head office.
Approved systems and records	PICS, Highfield systems/Vault, Microsoft Teams and SharePoint, approved learner files and evidence folders, ILR and funding reports, Power BI/FESIT, IQA records, assessment records, investigation files and the malpractice/maladministration log.
Next review	August 2027 or sooner following legislative, regulatory, awarding-organisation, funder, inspection, system or operational change.

Policy intent:

Quack must prevent, identify, report, investigate and correct malpractice and maladministration promptly, fairly and transparently. The purpose is to protect learners, public funding, assessment validity, qualification standards and confidence in the provider. Genuine administrative errors must be corrected and learned from; deliberate, reckless or repeated irregularities must be escalated and managed proportionately.

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Contents

1. Purpose and Policy Intent

This policy establishes the arrangements used by Quack Recruitment & Training Ltd to prevent, detect, report, investigate and manage suspected or confirmed malpractice and maladministration. It applies both to regulated qualifications and to wider funded-training activity, including Skills Bootcamp eligibility, attendance, assessment, progression, milestone evidence and public funding claims.

The policy is designed to protect learners from unfair or inaccurate decisions, preserve assessment and certification integrity, ensure public money is claimed only where valid evidence exists, and enable Quack to respond openly to awarding organisations, commissioners, auditors, regulators and inspectors.

Important distinction:
An isolated administrative error is not automatically malpractice. It must still be recorded, corrected and reviewed. Repeated poor administration may become maladministration; deliberate, dishonest, reckless or concealed conduct may constitute malpractice, fraud, gross misconduct or another serious breach.

2. Scope and Application

Area	Examples covered
Learners and applicants	Assessment work, examinations, identity, plagiarism, collusion, AI use, false declarations, eligibility evidence and conduct during assessment.
Staff and associates	Teaching, assessment, IQA, invigilation, learner registration, certification, record keeping, funding evidence, employer evidence, data reporting and cooperation with external review.
Funded programmes	Learner eligibility, residency, employment status, attendance, guided learning hours, programme dates, milestone evidence, interviews, job outcomes, progression and claims.
Regulated qualifications	Registration, assessment, reasonable adjustments, examination security, authenticity, IQA, achievement, certification and awarding-organisation requirements.
Systems and records	PICS, ILR data, Highfield systems, learner files, registers, skills scans, ILPs, workbooks, employer evidence, Power BI/FESIT and audit trails.
External parties	Subcontractors, delivery partners, employer partners, invigilators, test centres, suppliers and any person contributing evidence or decisions.

Where an allegation also concerns fraud, safeguarding, Prevent, data protection, staff conduct, whistleblowing or criminal activity, the relevant policy or external reporting route must operate alongside this procedure. The most urgent protective route takes priority.

3. Legal, Regulatory, Awarding-Organisation and Funding Context

Framework	Relevance to Quack
Ofqual General Conditions of Recognition - Condition A8	Requires awarding organisations to take reasonable steps to prevent, investigate and manage malpractice and maladministration. Centres must cooperate with awarding-organisation requirements and investigations.
Highfield Malpractice and Maladministration Policy and guidance	Requires approved centres to maintain effective arrangements, report suspected cases promptly, use competent and independent investigators, protect learners and cooperate openly.
Ofqual AI malpractice and assessment advice	Confirms that AI-generated material may create assessment-validity risks and that controls must be proportionate to the assessment and kept under review.
Skills Bootcamp contracts and funder rules	Require accurate, complete and auditable eligibility, attendance, achievement, progression and milestone evidence. Contract-specific requirements take precedence where stricter.
Fraud Act 2006 and Bribery Act 2010	Deliberate false representation, dishonest claims, bribery or misuse of public funds may be criminal matters and must be escalated appropriately.
UK GDPR and Data Protection Act 2018	Investigation records and evidence must be processed lawfully, securely, accurately and only by those with a legitimate need.
Ofsted further education and skills inspection expectations	Inspectors consider the integrity of leadership information, assessment, learner records, governance, safeguarding and the provider's response to identified weaknesses.

This policy must be read alongside the Assessment Appeals Procedure, Exams Policy, IQA Policy, Complaints Policy, Whistleblowing Policy, Counter Fraud Policy, Disciplinary Policy, Safeguarding Policy, GDPR and Learner Privacy Policy, Information Security Policy and relevant awarding-organisation and funder documents.

4. Definitions

Term	Meaning for this policy
Maladministration	Mistakes, poor administration, faulty process, delay, inattention or failure to follow procedure, normally without deliberate intent to gain an improper advantage.
Malpractice	Deliberate, dishonest, reckless, negligent or biased conduct that compromises, or could compromise, assessment, qualification integrity, certification, public funding, learner interests or confidence in the provider.
Assessment malpractice	Cheating, plagiarism, collusion, impersonation, unauthorised assistance, improper AI use, insecure assessment material or manipulation of an assessment decision.
Funding irregularity	Incorrect, unsupported, misleading or false information affecting eligibility, delivery, evidence, performance reporting or a public funding claim.
Adverse effect	An incident that prejudices learners, affects qualification standards or delivery, undermines accurate results or damages public confidence.
Allegation / suspicion	Information that indicates malpractice or maladministration may have occurred. It is not a finding and must be assessed objectively.
Investigator	A competent person appointed to establish facts, with no material conflict of interest or prior involvement that would undermine independence.
Evidence preservation	Immediate action to secure records, system logs, files, messages, assessment material and other information so it cannot be altered, lost or destroyed.
Material error	An error significant enough to affect a learner, assessment result, certificate, funding claim, contractual report or external assurance decision.

5. Core Principles

- Learners, staff and external parties must be treated fairly and without premature judgement.
- Quack will report suspected qualification malpractice or maladministration to the awarding organisation promptly and will not wait for a completed internal investigation where notification is required.
- Immediate steps will be taken to protect learners, secure evidence, prevent further claims or certification and reduce the risk of recurrence.
- Investigations will be independent, proportionate, evidence-based and completed without avoidable delay.
- No record may be altered, recreated, backdated, deleted or replaced once a concern has arisen except through a controlled correction that preserves the original audit trail.
- Genuine errors must be disclosed, corrected and used for improvement. Concealment or instruction to conceal an error is a separate and potentially more serious concern.
- Quack will cooperate openly with funders, awarding organisations, auditors, regulators, police and inspectors within their lawful remit.
- Confirmed findings will lead to proportionate corrective action and, where necessary, disciplinary, contractual, awarding-organisation, funding or external referral action.

6. Roles and Responsibilities

Role	Key responsibilities	Evidence / assurance
Senior accountable lead / Director of Contracts and Operations	Ensure serious cases are reported externally, appoint an independent investigator, authorise protective controls and ensure decisions are implemented.	Notification records, investigation appointment, decision record, governance report.
Quality & Compliance Lead	Own the policy, maintain the case log, complete initial triage, coordinate awarding-organisation/funder communication and monitor corrective action.	Case log, triage form, correspondence, action tracker, QIP.
Independent Governor / external adviser	Handle or oversee cases involving senior leaders, conflicts of interest or significant organisational risk.	Terms of reference, independent review, governance challenge.
Tutors / assessors / invigilators	Prevent and report irregularities, maintain assessment security, authenticate work and preserve evidence.	Assessment records, declarations, incident report, invigilation records.
IQA personnel	Identify patterns or inconsistent decisions, increase sampling where risk arises and report concerns without altering evidence.	Sampling plan, IQA reports, standardisation minutes, escalation record.
MIS / data / funding staff	Maintain accurate records, identify validation or claim anomalies, stop or correct unsupported submissions and preserve audit trails.	PICS/ILR reports, correction log, PDSAT/FIS checks, claim review.
Learner engagement / progression staff	Verify learner declarations, employer evidence, interviews and outcomes and report inconsistencies.	Contact notes, employer evidence, verification checklist.
All staff, learners and partners	Follow rules, act honestly, report concerns promptly and cooperate with investigations.	Training, policy acknowledgement, statements, evidence supplied.

7. Prevention and Control Framework

Control area	Required control	Monitoring
Staff competence	Appropriate tutor, assessor, IQA, invigilator and data competence; induction on assessment, evidence, funding and reporting expectations.	Qualification matrix, CPD, observation, probation and appraisal.
Assessment design and delivery	Approved tasks, secure materials, clear learner instructions, identity checks, permitted-resource rules and reasonable-adjustment controls.	Exams checklist, assessment observation, IQA and EQA.
Authenticity	Learner declarations, tutor discussion, oral verification, version history and comparison with starting points where authenticity is uncertain.	Assessment records, questioning notes and authenticity checks.
Funding evidence	Separation between evidence collection, verification and claim approval where practicable; no claim without required evidence.	Pre-claim checklist, management sign-off, internal audit.
Attendance and GLH	Contemporaneous registers, identity and engagement checks, recorded start/end times and prompt correction of discrepancies.	PICS reports, Teams records, register audit and learner sampling.
Employer and progression evidence	Direct, traceable employer evidence; learner-only evidence is not treated as employer confirmation where the funder requires corroboration.	Employer checks, MS3 checklist, call/email audit trail.
Data quality	Routine PICS, ILR, PDSAT/FIS, Power BI/FESIT and occupancy reconciliation with recorded corrections.	Monthly data review, exception reports and governance oversight.
Conflicts of interest	Declaration and removal from assessment, IQA, claim approval or investigation where impartiality could reasonably be questioned.	Conflict register, alternative decision-maker and review.
External assurance	Prompt access for awarding organisations, funders, auditors and inspectors to relevant people, premises, systems and records.	Visit records, evidence packs, action closure and correspondence.

8. Examples of Maladministration

Examples include, but are not limited to:

- late or inaccurate learner registration, certification or result processing caused by poor administration;
- avoidable delay in responding to an awarding organisation, funder, learner or auditor;
- incomplete or inconsistent learner files, registers, ILPs, assessment records or evidence trackers;
- failure to follow an approved procedure for access arrangements, special consideration, assessment, IQA or examination administration;
- poor version control, use of obsolete forms or failure to update current role names and procedures;
- inadvertent incorrect data entry in PICS, ILR, funding reports or performance dashboards;
- failure to retain appropriate auditable records or to record the reason and authorisation for a correction;
- inaccurate certificate or milestone information submitted without deliberate intent but not checked adequately;
- poor communication that gives a learner, employer or external body misleading or incomplete information;
- repeated failure to complete required internal audit, standardisation, sampling or corrective actions.

Persistent maladministration, reckless disregard of known controls, failure to correct repeated errors or deliberate concealment may be reclassified as malpractice.

9. Examples of Malpractice

9.1 Assessment and qualification malpractice

- plagiarism, collusion, cheating, impersonation or submitting work produced by another person;
- submitting AI-generated or materially AI-produced assessment evidence as the learner's own where this is not authorised;
- giving learners answers, rewriting assessed work, leading them improperly or otherwise providing unfair assistance;
- changing assessment or IQA decisions without valid evidence or pressuring an assessor/IQA to do so;
- creating false assessment records, witness statements, observation records, portfolios, signatures or authenticity declarations;
- claiming certification before required learning, assessment or IQA has been completed;
- using unapproved or unqualified staff contrary to awarding-organisation requirements;
- loss, theft, disclosure, copying, sale or unauthorised distribution of assessment material;
- allowing prohibited devices, information or assistance during an examination or controlled assessment;
- denying or obstructing authorised access to learners, staff, premises, systems or records.

9.2 Funded-training and data malpractice

- falsifying or backdating eligibility, residency, identity, prior learning, employment status, learner declarations, signatures or programme dates;
- fabricating attendance, guided learning hours, session duration, learner identity, participation or engagement;
- claiming MS1, MS2, MS3 or another milestone where required evidence is missing, altered, unreliable or known to be false;

- creating or altering certificates, employer emails, interview records, payslips, contracts, job descriptions, job titles or progression evidence;
- claiming an employment outcome before it has occurred, outside permitted rules, or without required learner and employer corroboration;
- instructing a learner, employer or staff member to provide a false account or sign a document they know is inaccurate;
- deleting, replacing, hiding or selectively withholding records to mislead a commissioner, auditor, awarding organisation, regulator or inspector;
- manipulating PICS, ILR, Power BI, FESIT, occupancy data or reports to present a knowingly false performance or funding position;
- continuing to claim or report evidence after leaders know it is unreliable without disclosure and corrective action;
- fraud, bribery, kickbacks, conflicts of interest, cash-for-certificates, misuse of public funds or deliberate misrepresentation of approval status.

10. Learner Assessment Integrity and Artificial Intelligence

Learners may use artificial intelligence only where the tutor and awarding-organisation requirements permit it. Any assessed evidence must represent the learner's own knowledge, skills and understanding. Staff must not use AI to mark, authenticate or materially rewrite assessed work where this is not explicitly authorised.

Situation	Permitted / required response	Potential malpractice
AI used for explanation, practice or revision	Tutor authorises the purpose and the learner does not submit generated content as assessed evidence.	Not normally malpractice.
AI-supported drafting	Learner discloses permitted use and can evidence and explain their own contribution, subject to assessment rules.	May require additional authentication.
AI-generated answers submitted as own work	Preserve the work, discuss with learner, complete authenticity checks and report where suspicion remains.	Potential learner malpractice.
Staff uses AI to create or alter learner evidence	Stop the process, preserve prompts/outputs and escalate immediately.	Potential serious staff malpractice and data breach.
Confidential learner or assessment data uploaded to an unauthorised AI tool	Contain, preserve evidence and follow data-breach and malpractice procedures.	Potential malpractice and information-security breach.
Pattern of unusually similar or inconsistent work	Use professional judgement, oral questioning, version history and IQA sampling; do not rely solely on automated detection.	Investigate proportionately.

11. How to Report a Concern

Reporter / route	Required action
Staff member	Report immediately to Jessica Roughton at compliance@quackrecruitmentandtraining.co.uk or to Dion Bishop where Jessica may be implicated. Do not investigate, alter records or confront the subject unless required for immediate safety.
Learner or employer	Raise the concern with a tutor, manager or the compliance email. Staff must log and transfer it promptly. Assessment disagreement alone should use the Appeals Procedure.
Anonymous / confidential reporter	Use the Whistleblowing Policy route where confidentiality or protection from retaliation is required.
Concern involving Dion and/or Jessica	Send it confidentially to the Independent Governor / external governance adviser. The report must not be routed through an implicated person.
Immediate safeguarding, criminal or data risk	Use the Safeguarding, emergency, police, fraud or data-breach route immediately in addition to this policy.

Reports should include the learner or staff names involved, qualification or contract, dates, description of the concern, affected evidence or claims, known witnesses, immediate risks, supporting information and any action already taken. Reporters must not access records beyond their authorised role or obtain evidence unlawfully.

12. Initial Triage and Immediate Protective Action

The Quality & Compliance Lead or alternative independent lead will complete a documented triage as soon as possible, normally on the same working day for serious matters and within two working days for other concerns.

Triage question	Action
Could a learner, assessment result or certificate be prejudiced?	Protect the learner, pause affected assessment/certification where proportionate and notify the awarding organisation.
Could a public funding claim or report be inaccurate?	Pause the affected claim or submission, preserve the audit trail and notify the commissioner where required.
Could evidence be altered, lost or destroyed?	Secure permissions, export relevant logs, preserve originals and issue a written evidence-hold instruction.
Is there an immediate safeguarding, health and safety, criminal or cyber risk?	Use the relevant emergency or external route immediately; do not wait for the internal process.
Is a senior leader, investigator or decision-maker conflicted?	Appoint an independent investigator and alternative decision-maker before substantive enquiries.
Could the issue affect other learners, cohorts, qualifications or contracts?	Expand the scope, complete a risk-based sample or 100% review and notify relevant external parties.
Is the issue clearly an isolated correctable error?	Record, correct through the controlled process, verify impact and monitor recurrence. Escalate if intent, concealment or systemic weakness emerges.

Evidence hold:

Once a concern is raised, no person may amend, delete, replace, backdate or recreate relevant evidence. Corrections must preserve the original record, identify who made the correction, why it was required, when it was authorised and any external notification made.

13. External Notification and Cooperation

External reporting must be based on the applicable awarding-organisation policy, contract, funding rules and legal duties. Where regulated qualifications may be affected, Highfield must be notified promptly and before Quack concludes the matter internally. Quack will follow Highfield instructions on whether the centre or Highfield leads the investigation.

External party	When notification may be required	Owner
Highfield Qualifications	Suspected or actual qualification, assessment, registration, IQA, examination, certification or centre malpractice/maladministration.	Head of Centre / Quality & Compliance Lead.
Funder / commissioner	Potentially invalid eligibility, attendance, milestone, performance or funding evidence; fraud; material error; or contractually reportable incident.	Director of Contracts & Operations.
Ofqual or another qualification regulator	Normally through the awarding organisation, unless direct reporting is required or the awarding organisation itself is implicated.	Senior accountable lead / external adviser.
Police / Action Fraud / fraud authority	Suspected criminal fraud, forgery, theft, bribery, extortion, identity misuse or evidence destruction.	Senior accountable lead following legal advice where appropriate.
ICO / affected data controller	A personal-data breach meeting reporting or contractual thresholds.	Data protection lead.
Safeguarding authority / DBS	Safeguarding allegation, risk of harm or referral threshold.	DSL / senior accountable lead.
Ofsted	Where Ofsted requests information, where an inspection is active, or where there has been interference with inspection evidence.	Nominee / senior accountable lead.

Quack will respond openly and within specified timescales, provide unaltered evidence, make staff and learners available where lawful and ensure no person attempts to influence or coach evidence improperly.

14. Investigation Procedure

1. Appoint a competent investigator with no material conflict of interest. For serious, senior-leader or organisation-wide cases, use an external investigator or independent governor oversight.
2. Issue written terms of reference defining the allegation, scope, affected learners/contracts/qualifications, evidence required, external instructions, decision-maker and expected timescale.
3. Preserve original evidence and create a controlled case index. Work only from copies where practical.
4. Identify and interview relevant people. Explain the allegation sufficiently for a fair response without disclosing confidential information unnecessarily.
5. Allow a staff member to be accompanied where the disciplinary procedure applies. Learners may be accompanied by a support person or representative where reasonable.
6. Test the immediate allegation and whether it indicates a wider pattern, affected cohort, qualification, assessor, employer, data field or funding claim.
7. Compare evidence across systems and sources, including original forms, PICS, Highfield, email, Teams, registers, file metadata, employer records, system logs and witness accounts.

8. Keep an investigation chronology, record all decisions and communicate progress where the investigation cannot be completed promptly.
9. Provide a factual findings report separating evidence, disputed facts, conclusions, impact, affected records, root cause and recommended action.
10. Submit the report to the authorised decision-maker and any awarding organisation or funder leading or overseeing the case.

Quack will aim to complete straightforward internal investigations within 20 working days. Complex cases may take longer because of external instructions, interviews, system analysis, legal issues or wider sampling. Parties will be updated where a revised timescale is required.

15. Decision-Making, Findings and Standard of Proof

Internal findings will normally be made on the balance of probabilities: whether it is more likely than not that the conduct occurred. The decision must be based on reliable evidence and must not be predetermined. The awarding organisation, funder, regulator or court may apply its own test and is not bound by Quack's internal conclusion.

Possible finding	Meaning
Not substantiated	Available evidence does not establish the allegation. This does not mean the concern was malicious.
Inconclusive	There is genuine concern but insufficient reliable evidence to make a finding. Risk controls may still be strengthened.
Maladministration established	Poor administration or process failure occurred without sufficient evidence of deliberate or reckless conduct.
Malpractice established	Deliberate, dishonest, reckless, negligent or biased conduct compromised or risked compromising integrity, learners, funding or confidence.
Fraud / safeguarding / criminal concern	The evidence requires external referral or specialist action in addition to internal findings.
Systemic control failure	The incident exposes a wider weakness affecting other learners, staff, qualifications, contracts or claims and requires expanded review.

Before a final internal decision is made, the person or learner subject to the allegation should normally have a reasonable opportunity to respond to material evidence, unless an external authority directs otherwise or disclosure would create a serious risk.

16. Outcomes, Sanctions and Remedial Action

Area	Possible action
Learner	No action; guidance; additional authentication; resubmission where permitted; assessment void; result withheld; removal from assessment or programme; awarding-organisation sanction; appeal route.
Staff / associate	Training; increased supervision or IQA; restriction from assessment, invigilation, data or claim duties; capability or disciplinary action; suspension; dismissal; professional, DBS or police referral where required.
Assessment / qualification	Reassessment; increased sampling; invalidation or correction of results; certificate recall; re-registration; EQA review; temporary pause of delivery.
Funding / contract	Correction or withdrawal of claim; repayment; 100% affected-cohort review; commissioner notification; enhanced approval controls; suspension of new starts or evidence submission.
Systems / governance	Root-cause analysis; procedure redesign; permissions changes; separation of duties; mandatory CPD; QIP action; internal audit; governance monitoring and effectiveness review.
External partner	Remedial action plan; increased oversight; suspension or termination of delivery/employer relationship; contractual recovery; notification to relevant authority.

Quack will not impose an assessment or certification sanction that is reserved to the awarding organisation. Where employee misconduct is alleged, the Disciplinary Policy will determine the employment process. Interim restrictions are neutral protective measures and not a finding of guilt.

17. Learner Protection and Correction of Records or Claims

- Learners not implicated in wrongdoing must not be disadvantaged because of provider or staff failings.
- Quack will identify all potentially affected learners, results, certificates, claims and progression records, not only the originally sampled case.
- Where evidence is invalid or incomplete, leaders will agree a lawful remedy with the awarding organisation or funder, such as reassessment, additional evidence, correction, withdrawal or repayment.
- Corrections must preserve the audit trail. The original record, correction rationale, authoriser, date, external notification and financial/learner impact must be recorded.
- Learners will receive clear, proportionate communication about action affecting them, subject to confidentiality and external instructions.
- Where provider failure caused delay or disadvantage, Quack will prioritise support, certification, reassessment, progression or alternative arrangements.

- No learner or employer will be asked to recreate, sign or confirm evidence they cannot truthfully verify.

18. Appeal and Review Routes

Decision	Route
Learner assessment sanction or decision	Use the Assessment Appeals Procedure and any Highfield appeal route within the stated timescale.
Staff disciplinary outcome	Use the appeal route within the Disciplinary Policy.
Provider malpractice decision affecting an external party	Request an internal review by a person not previously involved, normally within 10 working days, stating the grounds and supporting evidence.
Highfield decision or sanction	Use Highfield's published appeals procedure. Quack cannot overturn an awarding-organisation decision.
Funder or commissioner decision	Use the contractual dispute, representation or appeal route available under the relevant contract.
Concern about how wrongdoing was handled	Use the Whistleblowing or Complaints Policy as appropriate; direct external reporting remains available where legally permitted.

An appeal is not a complete rehearing simply because a party disagrees. Grounds may include significant procedural error, relevant new evidence, conflict of interest, unreasonable conclusion or disproportionate action. Corrective action needed to protect learners may continue while an appeal is considered.

19. Confidentiality, Data Protection and Record Retention

- Information will be restricted to people who need it for investigation, decision-making, learner protection, legal compliance or external assurance.
- Quack cannot promise absolute confidentiality where information must be shared with an awarding organisation, funder, regulator, police, safeguarding authority or the person responding to an allegation.
- Case files must be stored in a restricted location separate from normal learner and personnel files, with a controlled index and access record where appropriate.
- Original evidence and investigation records will be retained in accordance with awarding-organisation, funder, legal, data-protection and appeal requirements. Records linked to invalidated certificates, litigation or criminal action must be retained until those matters conclude and thereafter as required.
- Investigation notes must distinguish fact, allegation, opinion and decision. Inaccurate information must be corrected without destroying the audit trail.
- Malicious or knowingly false allegations may be addressed under conduct procedures, but an unsubstantiated good-faith concern must not result in retaliation.

20. Monitoring, Governance and Continuous Improvement

Monitoring activity	Purpose	Frequency / trigger
Malpractice and maladministration log	Track allegations, category, affected learners, notifications, timescales, findings and closure.	Ongoing; monthly compliance review.
Trend and risk review	Identify repeated errors, staff/assessor patterns, employer evidence issues, AI risks and control weaknesses.	Quarterly and after serious cases.
Corrective-action verification	Check actions are completed and reduce recurrence rather than only closing paperwork.	At action due date and follow-up review.
IQA / data / funding audit	Test assessment, registration, certification, attendance, claims, employer evidence and corrections.	Risk-based schedule and before claims.
Governance oversight	Review serious cases, external notifications, financial/learner impact, independence and management response.	At each governance meeting and urgently where material.
Policy and training review	Update examples, controls and staff knowledge following external changes or lessons learned.	Annual or sooner after change/incident.

Confirmed themes and control failures will be reflected in the SAR, QIP, risk register, staff CPD, curriculum/assessment review and governance reporting where relevant. Case information will be anonymised or minimised where individual identification is unnecessary.

Appendix A: Malpractice / Maladministration Report Form

Field	Information to record
Reporter	Name, role, contact details, confidentiality request or anonymous route.
Affected provision	Contract/funder, qualification, cohort, learner(s), assessor/IQA, employer or delivery location.
Concern	What is alleged or suspected, dates, how identified and whether ongoing.
Evidence	Documents, systems, messages, witnesses, logs, learner work, registers or claim records.
Immediate risk	Learner safety, result/certificate, funding claim, data, evidence destruction, criminal or reputational risk.
Action already taken	Protective action, people informed, records secured, external contact and any risk of conflict.
Reporter declaration	Information is provided honestly and the reporter has not accessed or altered records outside their authority.

Appendix B: Triage and Notification Checklist

Check	Complete / evidence
Log and acknowledge	Create case reference, record receipt and acknowledge where contact details are available.
Conflict check	Confirm investigator and decision-maker independence; use external oversight if required.
Protect learners	Identify immediate learner, assessment, safeguarding or welfare impact.
Pause activity	Consider affected assessment, certification, claim, data submission, staff duty or external evidence.
Preserve evidence	Issue evidence hold; secure originals, logs, files, emails, Teams and system permissions.
Awarding organisation	Notify Highfield promptly where regulated qualification activity may be affected.
Funder / commissioner	Check contract notification threshold and record decision.
Other external route	Consider police/fraud, ICO, safeguarding, DBS, Ofqual, Ofsted or legal advice.
Scope assessment	Identify other learners, cohorts, staff, qualifications, contracts, evidence types or claims at risk.
Investigation plan	Issue terms of reference, timetable and communication arrangements.

Appendix C: Investigation and Evidence-Preservation Checklist

Evidence area	Checks
Original documents	Secure signed forms, registers, assessments, portfolios, certificates and employer evidence; work from controlled copies.
Systems	Export PICS, Highfield, Teams, SharePoint, email, ILR, Power BI/FESIT and access/activity logs where relevant.
Metadata and audit trail	Record creation/modification dates, user accounts, versions, correction history and claim submission dates.
Witness and subject evidence	Obtain signed/dated statements or recorded notes; offer fair opportunity to respond.
Learner authentication	Use oral questioning, work comparison, version history, attendance and tutor evidence without coaching.
Employer verification	Contact the employer directly through an independently verified route where progression evidence is in question.
Wider sample	Test whether the issue affects other learners, cohorts, assessors, employers, milestones or qualifications.
External instructions	Retain Highfield/funder directions and evidence of compliance with each request.
Chronology	Maintain a dated log of actions, decisions, communications, evidence and delays.
Report quality	Separate allegation, fact, disputed evidence, finding, impact, root cause and recommendation.

Appendix D: Outcome and Corrective-Action Checklist

Stage	Required evidence
Decision	Authorised written finding with reasons, evidence considered and standard applied.
Affected population	List learners, results, certificates, claims, contracts and data affected or confirmed unaffected.
External outcome	Awarding-organisation, funder, regulator or police decision/action recorded.
Learner remedy	Reassessment, certificate/result correction, support, communication or alternative arrangements.
Funding remedy	Claim correction/withdrawal, repayment, evidence replacement only where truthful and permitted, and commissioner confirmation.
Staff / partner action	Training, supervision, restricted duties, disciplinary, contractual or referral action.

Stage	Required evidence
System control	Root cause, control redesign, permissions, separation of duties, checklist or audit change.
Closure review	Independent confirmation that actions are complete and effective; QIP/risk register/governance updated.
Appeal	Appeal route and deadline communicated; outcome retained.
Lessons learned	Anonymised briefing and policy/training update completed where required.

Appendix E: Version Control and Reference Framework

Version	Date	Owner / author	Summary of change	Next review
1.0	April 2024	Dion Bishop	Original centre malpractice and maladministration policy.	October 2024
2.0	August 2026	Jessica Roughton / Dion Bishop	Complete replacement. Updated current roles, Skills Bootcamp and public-funding evidence, Highfield requirements, independent investigation, external notification, AI-related malpractice, learner protection, evidence preservation, governance and operational checklists.	August 2027

Reference framework: Ofqual General Conditions of Recognition and statutory guidance on malpractice and maladministration; Ofqual Artificial Intelligence Malpractice and Assessment Advice Note (2026); Highfield Malpractice and Maladministration Policy V5 (November 2025) and Highfield guidance; relevant Skills Bootcamp contracts and funding/performance rules; Fraud Act 2006; Bribery Act 2010; UK GDPR and Data Protection Act 2018; and Ofsted further education and skills inspection materials.

Highfield policy documents: Highfield downloads

Ofqual General Conditions and guidance: Ofqual Handbook - Section A

Ofqual AI advice: Artificial intelligence malpractice and assessment advice note