

# NOCN Malpractice, Maladministration or Plagiarism Policy & Procedure

## 1. Scope

This policy and procedure lays out the steps that people should take to report an actual or suspected occurrence of malpractice, maladministration or plagiarism and informs those who receive the information how they should proceed.

The intended audience for this document is:

- NOCN Core and Associate staff
- All staff of NOCN Delivery Partners associated with NOCN provision
- All staff in NOCN recognised and partner Centres
- Qualification Regulators
- Industry Regulators

This policy and procedure satisfies requirements for Awarding Organisation as set out by the Regulatory bodies.<sup>1</sup>

This procedure is **not applicable to Learners**. Learners should follow the Centre Policies and Procedures.

Learners affected by a Centre which is no longer an NOCN Centre because of malpractice or maladministration should follow this advice:

If a Centre ceases to be an approved NOCN Centre for the delivery and assessment of NOCN qualifications, learners that are affected should refer to the Centre's Contingency Plan or alternatively they may contact NOCN for advice. Please contact [assurance@nocn.org.uk](mailto:assurance@nocn.org.uk) by read receipt email.

### 1.1 Information

Awarding Organisations are required by Statutory Regulation to take all reasonable steps to prevent the occurrence of any malpractice, maladministration or plagiarism. They must also investigate instances of alleged or suspected malpractice and take the necessary action to maintain the integrity of the qualification or assessment. NOCN takes the integrity of its qualifications and assessments very seriously and is committed to providing qualifications and assessments which are fit for purpose and which are managed and assessed consistently, accurately and fairly.

It is very important that Centres have policies and procedures in place which show how they intend to prevent and deal with any cases of suspected malpractice and which show that they will be reported to NOCN immediately any such incidence is suspected or discovered. These incidents

---

<sup>1</sup> Ofqual, Qualifications Wales, CCEA, SQA

should include centre, centre staff and learner malpractice. Staff employed by, or contracted to, NOCN must also work in ways that reduce the risk of incidents of malpractice or maladministration occurring.

There may be many reasons why malpractice occurs and it can be detected in a number of ways. For example:

- **Observation** – someone identifies that they have witnessed someone (or a number of people) doing something they feel is inappropriate and reports it either openly or anonymously.
- **Word of mouth** – someone is told that something has happened, or is happening that is inappropriate and reports it either openly or anonymously.
- **Through professional identification** – for example a Tutor, Assessor, Internal Quality Assurer, External Quality Assurer, Examiner or Moderator identifies that learners' answers or assessments are the same or they believe the work has been plagiarised. Alternately an Invigilator in an exam may witness people talking, copying or passing notes or using mobile phones etc.

The examples given here are illustrative and do not provide a full and complete description of the many forms malpractice can take.

Malpractice for the purposes of this NOCN procedure includes malpractice, maladministration and plagiarism.

#### Definitions: -

- **Malpractice** – in breach of regulation, unethical, negligent, or immoral behaviour, which does or could compromise the process of assessment, the integrity of regulated qualifications, or the validity of a result or certificate. It could also damage the reputation, credibility and authority of NOCN, the Delivery Partner and/or the Centre and their employees. This could include for example; a learner cheating in an exam, or a professional person falsifying or tampering with results or assessment/quality assurance records. Staff or other Centre representatives and/or learners can carry out malpractice

Examples of **Centre malpractice** include:

- Insecure storage of assessment instruments and marking guidance.
- Misuse of assessments, including inappropriate adjustments to assessment decisions or externally set assessments
- Failure to comply with requirements for accurate and safe retention of learner evidence, assessment and internal quality assurance records.
- Failure to comply with Awarding Organisation procedures for managing and transferring accurate learner data.
- Excessive direction from assessors to learners on how to meet assessment criteria, learning outcomes or national standards.
- Deliberate falsification of records to claim certificates.

There may be other instances of suspected centre malpractice that may undermine the integrity of an Awarding Organisation's qualifications. These are examples only and **not an exhaustive list**.

**'Centre staff malpractice'** this means malpractice committed by a member of staff (or contractor) at a centre. It can arise through, for example:

- A breach of security (e.g. failure to keep exam material secure, tampering with coursework etc.).
- Deception (e.g. manufacturing evidence of competence, fabricating assessment or internal quality assurance records).
- The provision of improper assistance to learners (e.g. permitting the use of a reasonable adjustment over and above the extent permitted by the Awarding Organisation's policy, prompting learners in assessments by means of signs or verbal or written prompts).
- Failure to adhere to regulations/Awarding Organisation stated requirements.

Examples of **learner malpractice** include:

- Plagiarism - failure to acknowledge sources properly and/or the submission of another person's work as if it were the learner's own.
- Collusion with others when an assessment must be completed by individual learners.
- Copying from another learner (including using ICT to do so).
- Personation - assuming the identity of another learner or having someone assume your identity during an assessment.
- Inclusion of inappropriate, offensive, discriminatory or obscene material in assessment evidence. This includes vulgarity and swearing that is outside of the context of the assessment, or any material of a discriminatory nature (including racism, sexism and homophobia).
- Inappropriate behaviour during an assessment or examination that causes disruption to others. This includes shouting and/or aggressive behaviour or language and having an unauthorised electronic device that causes a disturbance in the examination room.
- Frivolous content - producing content that is unrelated to the examination paper/question in scripts or coursework.
- Unauthorised aids - physical possession of unauthorised materials (including mobile phones, MP3 players, notes, etc) in the examination room.

There may be other examples of malpractice that may undermine the integrity of qualifications.

- **Maladministration** – activity, neglect, default or other practice that results in the Centre or learner not complying with the specific requirements for delivery of qualifications. This would include incompetent or dishonest management or administration of exams or assessments. This could include for example; poor invigilation, incorrectly recording examination or assessment results or issuing an incorrect certificate.
- **Plagiarism** - someone deliberately falsifying records or using work in their assessments that is not their own but is presented as if it were their own - if plagiarism is detected before a declaration of authentication is signed, and then this need not be reported to NOCN and should be dealt with under the Centre's own procedures (plagiarism). N.B. by a declaration of authentication we mean that the evidence or examination result has been signed by the learner to confirm that it is his or her own work.

## 2. Procedure for Centres

When a Centre identifies that suspected or actual malpractice, maladministration or plagiarism (MMP) has occurred they must determine whether the allegation is about a Learner or staff member. **NOCN must be informed immediately**. Senior members of the Assurance Team will consider who and how the matter will be investigated. This may be done in consultation with the Head of Assurance or Responsible Officer.

In many cases of alleged MMP the Head of Organisation/Centre Contact may be asked to conduct the initial investigation into the allegations, often supported by NOCN/Delivery Partner employees.

Where the incident concerns a Learner, the centre must ascertain whether the Learner has signed a declaration of authentication. If a Learner declaration has not been signed, the Centre's internal policies and procedures should be followed.

Where Centre and the staff or Learners have signed a declaration of authentication, a malpractice, maladministration or plagiarism (MMP) form must be completed. The form should be submitted to NOCN the same day or the next working day at the latest to: [assurance@nocn.org.uk](mailto:assurance@nocn.org.uk) by read receipt email.

### 2.1 Investigation by the Centre

If asked to conduct the investigation the Head of Organisation/Centre Contact must ensure that investigations into the allegations are conducted appropriately, as required by NOCN. Sanctions may be imposed on a Centre during an investigation to minimise further risk or potential for adverse effect. The Centre will be notified of this.

Staff and learners will be informed of their rights unless the NOCN Head of Assurance informs the Head of Organisation or Centre Contact that this is not appropriate given the specific circumstances. All facts and findings must be reported to the Assurance Team in full by the date stated by NOCN. Key members of the NOCN investigation team should receive a copy of the report for comment prior to submission to the Head of Assurance. The report must be submitted with an action plan to deal with the situation and ensure that it does not reoccur.

In addition, the Head of Organisation/Centre Contact should conduct further enquiries when asked to do so by the Assurance Team.

On completion of the investigation and submission of the investigation report to the Assurance Team the matter will be considered. The investigation report will be reviewed by the Head of Assurance **within 3 working days** of receipt.

If the allegation is not upheld the Head of Organisation/Centre Contact will be informed in writing **within 2 working days** of the decision.

If an allegation is upheld the Head of Assurance will decide whether the MMP could cause an Adverse Effect. If it is thought that this is the case, the appropriate Regulator will be informed

immediately and the Centre will be notified. The Centre will be notified of any action required **within 2 working days** of the decision and a meeting arranged to form an action plan.

Centres must retain all documentation in case of appeal. Documentation should be retained for 7 years.

### 2.1.1 Action following Centre Investigation

If there is no likelihood of an Adverse Effect the Assurance Team will decide the level of risk that applies to the allegation and the sanction that is to be applied to the Centre, where appropriate.

In some circumstances, the Head of Organisation/Centre Contact may be asked to take appropriate action against an individual. These actions must be carried out as requested by the Assurance Team and reported back when completed. Where a case of Malpractice is upheld against a Learner, the Learner must be informed of their right to appeal to the Centre and ultimately to NOCN when the Centre's Internal Appeals process has been exhausted.

If the severity of the MMP results in a Level 5 sanction, the Withdrawal of Centre Approval will be managed by NOCN as outlined in the Centre Withdrawal procedure.

If a Sanction (Levels 1 to 4) and/or a new risk rating are to be applied to the Centre, the Centre and the Delivery Partner (where appropriate) will be informed and an Action plan will be provided with specific completion dates.

The centre will be required to carry out all actions as outlined in the Action Plan by the dates required.

When all actions have been completed the Centre will be monitored according to any new risk ratings that have been applied.

If a Centre fails to complete the actions a higher sanction and risk rating may be applied by NOCN.

## 2.2 Investigation by NOCN

If a Centre is under investigation by NOCN they must provide every support to the investigative team so the extent of the problem can be identified and dealt with.

If, because of the investigation, it becomes apparent that certificates that have been issued are invalid, the Head of Assurance will inform the appropriate Regulator.

Any decisions made by NOCN and/or the Regulator about actions the Centre must take must be followed as required.

If the severity of the MMP results in a Level 5 Sanction, the withdrawal of Centre approval will be managed by NOCN as outlined in the Centre Withdrawal procedure.

If a Sanction (Levels 1 to 4) and/or a new risk rating are to be applied to the Centre the Centre and the Delivery Partner will be informed and where appropriate an action plan will be provided.

The Centre will be required to carry out all actions as outlined in the Action Plan by the dates required. When all actions have been completed, the Centre will be monitored according to any new risk ratings that have been applied.

If a Centre fails to complete the actions, a higher sanction and risk rating may be applied by NOCN.

Financial penalties may be applied during the course of an investigation. Centres are charged for additional quality assurance visits which are required due to an investigation.

### 3. Procedure for NOCN Assurance Team

Upon receipt of the MMP notification the NOCN Assurance Team must record the details on the Incident Log and the Head of Assurance notified. The incident will be allocated an 'owner' and an investigator or investigation team. An acknowledgement email will be sent to the informant within **2 working days**.

If there is the likelihood that the alleged MMP could cause an Adverse Effect, for example; invalidate the award of a qualification which NOCN makes available or could affect another Awarding Organisation, the senior members of staff in the Assurance Team will also inform the appropriate Regulator.

Where appropriate, the Responsible Officer/Delivery Partner and/or Regulator will be consulted about plans to conduct an investigation.

If the Regulator have been informed they may decide to manage the investigation themselves, in which case the Head of Assurance will conduct the investigation in consultation with them.

NOCN will either:

- Ask the Head of Organisation/Centre Contact to conduct the initial investigation
- Conduct the initial investigation and Assurance Team/External Quality Assurers/ Delivery Partner employees may be asked to be part of the investigative team

All **initial investigations** will be commenced **within 10 working days** of receipt of the MMP notification.

#### 3.1 Centre conducts initial investigation:

The NOCN Lead Investigator must develop a plan to show what actions will be taken.

The Head of Organisation/Centre Contact must co-operate fully with NOCN and carry out initial investigation as identified in the **NOCN Malpractice, Maladministration and Plagiarism - Guidance for Centres**. This document is made available to NOCN recognised Centres via the NOCN Assurance Team. Where the Assurance Team considers it appropriate, this investigation will be alongside Delivery Partner employees, if applicable.

Staff and learners involved should be reminded of their responsibilities and rights unless the Head of Assurance deems this to be inappropriate due to the circumstances; in this case the investigation team should be specifically notified before the investigation starts.

The Head of Organisation/Centre Contact must report the findings of the investigation to the Assurance Team within stated timescale using the investigation report template. This template will be provided by the NOCN Assurance Team.

The Head of the Assurance considers findings and decides either: -

- further investigation is required
- no further investigation is required

If further investigation is required this is carried out as directed by the Assurance Team by whoever deemed appropriate. Additional investigations are conducted until Head of Assurance has sufficient information to make a decision.

On completion of the investigation and submission of the investigation report to the Assurance Team the matter will be considered. The investigation report will be reviewed by the Head of Assurance **within 3 working days** of receipt.

Decisions regarding action to be taken or the overall outcome will be made within **2 working days** of reviewing the report. Central incident log is updated.

### 3.2 NOCN conducts the investigation:

The Head of Assurance will appoint a team to investigate the allegation.

Staff and learners involved are to be reminded of their responsibilities and rights (where the Head of Assurance deems this to be appropriate) and the investigation is conducted using the investigation procedure.

The Lead Investigator reports initial findings to the Head of Assurance within **5 working days** of commencing the investigation.

The Head of Assurance considers findings and decides either:

- further investigation is required
- no further investigation is required

If further investigation is required, this is carried out as directed Head of Assurance by whoever deemed appropriate. Additional investigations are conducted and reported via the investigation report until Head of Assurance has sufficient information to make a decision. Incident Log is updated.

Once investigations are completed the allegation will either be upheld or not. The Centre will be notified of this **within 2 working days** of the decision made by the Head of Assurance. This will be in writing. The Centre will be informed of the outcome and sanctions that will be applied, if applicable.

Other Awarding Organisations will be informed if there is actual malpractice, in accordance with Regulatory requirements.

## 4. Outcomes of Investigations

### 4.1 Allegation is not upheld

If the allegation is not upheld, the Head of Assurance informs the Centre/Delivery Partner and the appropriate Regulator, if this has been reported to them. The investigation is complete and the Incident Log is updated. All evidence gathered must be stored by NOCN for 7 years.

### 4.2 Allegation is upheld

If the allegation is upheld the Head of Assurance must consider whether the new information about the allegation could cause the MMP to have an Adverse Effect.

The Centre, Head of Assurance and Delivery Partner and the appropriate Regulator, where appropriate, will be informed of the outcome of the investigation and the action required. If the allegation upheld is about a Centre they must be reminded of their right to appeal. The Head of Organisation/Centre Contact must appeal to the Head of Assurance in writing. The appeal must include an explanation as to why they believe the decision is wrong and it must relate directly to the reasons for the original decision.

The Incident Log will be updated with the outcome.

The Assurance Team will review the circumstances and consider whether NOCN processes and procedures need to be changed to prevent re-occurrence as part of the Continuous Improvement process.

### 4.3 Likely Adverse Effect

If an Adverse Effect is considered a possibility, then the Head of Assurance must inform the Regulator at the time, or as soon as possible afterwards, tell them what they intend to do to prevent or mitigate it from occurring again.

### 4.4 No Adverse Effect

If there is no likelihood of an Adverse Effect the Head of Assurance will decide the level of risk that applies to the allegation and the sanction that is to be applied to the Centre or Delivery Partner, where appropriate. The next steps will be dependent upon the level of sanction that is applied.

#### 4.5 No sanction is applied

In some instances, the application of a Sanction will be inappropriate. NOCN Assurance Team, Delivery Partner or Centre may however be required to act against an individual or individuals. If this is the case, the Centre or Assurance Team / Delivery Partner will be required to inform NOCN when the actions have been carried out and the investigation will be closed.

The Incident Log will be updated and all records will be stored by NOCN for 7 years.

#### 4.6 Sanction Level 1 to 4 is applied

The senior members of the Assurance Team will draw up an Action Plan that is to be followed by Assurance team, Delivery Partner or Centre, as appropriate. The Head of Assurance will also decide who is to carry out the monitoring of compliance to the action plan, either NOCN or Delivery Partner. A copy of the Action Plan is sent to the Assurance team, Delivery Partner and the Centre, where applicable. The Centre risk rating is also amended accordingly. The Incident Log is updated.

Where the Assurance Team or Delivery Partner oversee the implementation of the Action Plan, they will remain in touch with the organisation concerned until the Action Plan has been completed, in which case NOCN Assurance Team will be informed, the Incident Log will be updated and the records will be stored for 7 years by NOCN and the Delivery Partner. The Centre will return to scheduled monitoring based upon any new risk rating applied.

Alternatively, if the action plan is not completed as required the Assurance Team will reconsider the initial sanction applied and may impose a heavier sanction and a higher risk rating. A new action plan will be developed and the new sanction will be treated as outlined in the level of sanction sections above, including the possibility that NOCN may decide to oversee the Action Plan.

As a result of the investigation if it becomes apparent that certificates that have been issued are invalid the Head of Assurance will inform the appropriate Regulator and all other Awarding Organisations that may be affected.

The appropriate Regulator may decide to manage the investigation in which case NOCN will provide such assistance as required.

#### 4.7 Level 5 Sanction is applied

Where a Level 5 Sanction is to be applied, the senior members of the Assurance Team will set an action plan for withdrawal for the Centre and the closure will be managed as outlined in the Centre Withdrawal procedure.

Details will be entered on the Incident Log and all evidence will be stored for 7 years.

Where NOCN Assurance Team and Delivery Partner oversee the implementation of the action plan they will remain in touch with the Centre concerned until the action plan has been completed, in which case NOCN Assurance Team will be informed, the Incident Log will be updated and the records will be stored for 7 years by NOCN and the Delivery Partner.

## 5. Quality Assurance and Review

This policy will be reviewed on an annual basis. Next review date: April 2019

Version	Approved by	Date	Next Review Date
4.3	GHE	March 2018	April 2019