**A picture containing text

Description automatically generatedClear Quality Limited**

**Malpractice or Maladministration Policy and Procedure**

*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 processes.
* The integrity of a regulated qualification
* The validity of a result or certificate
* The reputation and credibility of Clear Quality Limited
* 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.

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

*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 or payments within a centre (e.g., inappropriate learner records).

Examples of Malpractice and Maladministration

The categories listed below are examples of centre and learner malpractice and maladministration. Please note that these examples are not exhaustive:

* Denial of access to premises, records, information, clients, learners, and staff to any authorised awarding organisation representative and/or the regulatory authorities
* Failure to carry out internal assessment, internal moderation, or internal verification in accordance with our requirements
* Deliberate failure to adhere to our client, learner registration and certification procedures.
* Deliberate or persistent failure to continually adhere to awarding organisation centre recognition and/or course approval criteria or actions assigned to our centre.
* Deliberate failure to maintain appropriate auditable records, e.g. certification claims and/or forgery of evidence
* Persistent instances of maladministration within the varying business units
* Fraudulent claim for certificates
* The unauthorised use of inappropriate materials / equipment in assessment settings (e.g. mobile phones)
* Intentional withholding of information from us which is critical to maintaining the rigour of quality assurance and standards of qualifications
* Deliberate misuse of the Clear Quality Limited logo and trademarks or misrepresentation of a centre’s relationship with awarding organisation and/or its recognition and approval status with awarding organisation
* Collusion or permitting collusion in exams/assessments
* Clients and learners still working towards qualification after certification claims have been made
* Contravention of the assessment arrangements
* A loss, theft of, or a breach of confidentiality in, any assessment or audit materials
* Deliberate failure to adhere to, or to circumnavigate, the requirements of our Reasonable Adjustments and Special Considerations Policy
* Intentional withholding or manipulation of information provided to clients or learners in respect of certificate delay, especially in regard to non-payment of invoices

Anybody who identifies or is made aware of suspected or actual cases of malpractice or maladministration at any time must immediately notify Clear Quality Limited.

In doing so they should put the details in writing/email and enclose appropriate supporting evidence.

*All allegations must include (where possible):*

1. Audit or Course details

2. Clear Quality Limited personnel’s details (name, job role) if they are involved in the case

3. Details of the Clear Quality Limited audit/course/qualification affected, or nature of the service affected

4. Nature of the suspected or actual malpractice and associated dates

5. Details of the case, including any mitigating circumstances

*Confidentiality and Whistle Blowing:*

Sometimes a person making an allegation of malpractice or maladministration may wish to remain anonymous. It is always preferable if they reveal their identity and contact details to us, however if they are concerned about possible adverse consequences, they should request us not to divulge their identity. If it helps to reassure them on this point, we can confirm that we are not obliged to disclose information if to do so would be a breach of confidentiality and/or any other legal duty.

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.

*Responsibility for the Investigation:*

In accordance with regulatory requirements all suspected cases of maladministration and malpractice will be examined promptly by Clear Quality Limited to establish if malpractice or maladministration has occurred and will take all reasonable steps taken to prevent any adverse effect from occurring as defined by the approval’s unit, awarding organisation.

All suspected cases of malpractice and maladministration will be passed to our Training and Certification director who will acknowledge receipt, as appropriate, to external parties within 5 working days.

*Investigation Timelines and Summary Process:*

We aim to action and resolve all stages of the investigation within 30 working days of receipt of the allegation. Please note that in some cases the investigation may take longer. In such instances, we will advise all parties concerned of the likely revised timescale.

The fundamental principle of investigations is that they should be conducted 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 by Clear Quality Limited.
* To determine whether remedial action is required to reduce the risk to current registered clients or learners and to preserve the integrity of the qualification.
* To ascertain whether any action is required in respect of certificates already issued.
* To obtain clear evidence to support any sanctions to be applied to the client, and/or to members of staff, in accordance with our Sanctions Policy.
* To identify any adverse patterns or trends.

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

* Ensure all material collected as part of an investigation is kept secure. All records and original documentation concerning a completed investigation that ultimately leads to sanctions against us will be retained for a period of not less than five years. 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 court 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.

Where a member of Clear Quality Limited staff is under investigation, we may suspend them or move them to other duties until the investigation is complete. Throughout the investigation our Training and Certification director r 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. The Training and Certification director will keep relevant external parties informed.

A report will be provided to all parties on completion of the investigation and if the outcome is not agreed by all parties, then the appeals procedure should be followed.

**Document control**

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This document should be a reviewed a minimum of annually by the CEO or the Training & Certification Director.