OTHM Malpractice, Maladministration and Investigations Policy

1. Purpose

This policy sets out the arrangements that OTHM will maintain to prevent, identify, investigate, manage and rectify the impact of malpractice, maladministration, and all other incidents that could lead to an Adverse Effect.

It enables compliance with Ofqual's General Conditions of Recognition, in particular:

- A6 Identification and management of risks
- A7 Management of incidents
- A8 Malpractice and maladministration
- Related duties under B3 (notification of events), B6 (cooperation with Ofqual), C2 (arrangements with centres), and I1 (appeals)

The policy applies to all OTHM staff, contracted personnel, centres, learners, and any individual acting on behalf of OTHM.

2. Scope

This policy covers:

- Suspected or alleged malpractice and maladministration by learners, centre staff, OTHM staff or third parties
- Incidents or risks that may lead to an Adverse Effect
- Investigations relating to malpractice or any potentially non-compliant centre activity
- Corrective and preventative action, sanctions, and external notifications
- AO responsibilities for oversight of centres' own malpractice arrangements

3. Policy Statement

OTHM will, at all times:

- Take all reasonable steps to prevent malpractice, maladministration and incidents
- Maintain effective controls, training and monitoring arrangements across the qualification lifecycle
- Investigate suspected or alleged cases promptly, thoroughly, and impartially
- Ensure investigations are conducted by individuals with appropriate competence and no personal interest in the outcome (Condition A8.3)
- Protect the integrity of qualifications and the interests of learners
- Maintain comprehensive records
- Notify Ofqual and other awarding organisations when required
- Ensure sanctions and remedial actions are proportionate and consistent

4. Definitions

4.1 Malpractice

Any act, default, neglect or practice that compromises, or could compromise, the integrity of assessment, delivery, or awarding of qualifications. This includes (not exhaustive):

- Breaches of assessment security
- Plagiarism, collusion, impersonation or misuse of AI to generate work
- Fraudulent certification or falsification of records
- Wrongful assistance to learners
- Unauthorised amendment of assessment materials
- Failure to follow required assessment processes

OTHM will differentiate between academic malpractice and centre malpractice to inform decision-making, management of any investigations, and any corrective or remedial measures applied.

4.2 Maladministration

Any unintentional or careless practice, error or omission that results in, or risks, non-compliance with the Conditions of Recognition or AO requirements. Examples include:

- Incorrect registration or certification
- Poor record-keeping
- Failure to implement policies or quality assurance processes
- Ineffective internal controls at centres

4.3 Incident

Any event that could have, or has had, an Adverse Effect. This includes errors, breaches of security, data loss, assessment failures, or disruption affecting learners.

5. Prevention

OTHM will maintain robust preventative arrangements, including:

5.1 Risk identification (Condition A6.1)
- Systematic identification of risks of incidents, malpractice or maladministration
- Centre risk-rating processes
- Monitoring emerging risks across the sector
- Reviewing centre reports (EQA / CQR), complaints, and internal audits

5.2 Risk mitigation (Condition A6.2)
- Clear, documented centre approval requirements
- Standardised assessment, marking and EQA sampling procedures
- Training and support for centre staff on academic integrity
- Annual AO staff training on malpractice, investigations and regulatory requirements
- Published guidance for centres (Condition A8.5)

6. Centre Responsibilities

All approved centres must:
- Maintain their own written malpractice/maladministration policy and investigation procedures
- Report suspected or actual malpractice/maladministration to the OTHM promptly
- Cooperate fully with all OTHM investigations
- Preserve evidence and provide all requested documentation
- Permit monitoring activities (announced or unannounced)
- Take remedial and corrective action as directed
- Maintain secure assessment arrangements

Failure to cooperate with OTHM's oversight and management of malpractice, maladministration or incidents is itself a form of malpractice.

7. AO Responsibilities

OTHM will:

- Maintain written investigation procedures compliant with Condition A8.3
- Oversee and quality assure all investigations
- Withhold results and certificates where necessary
- Notify Ofqual when required under Condition B3
- Notify other AOs when required under Condition A8.7
- Support centres in preventing and investigating malpractice (A8.5)
- Apply proportionate sanctions and corrective measures
- Retain investigative evidence as appropriate
- Report potential criminal acts to the police if appropriate

8. Process and Procedure

8.1 Reporting Malpractice or Maladministration

Reports may be made by:

- Centre staff
- Learners
- AO staff
- Third parties
- Whistleblowers (protected under OTHM's Whistleblowing Policy)

Reports must be submitted to: qualityassurance@othm.org.uk

OTHM will acknowledge receipt within 5 working days and initiate preliminary checks.

8.2. Investigation Process

Initial Review

Based on evidence and information provided, OTHM will determine whether:

- There are reasonable grounds to proceed (Condition A8.2)
- Immediate mitigation is required to prevent Adverse Effects
- Certification or results should be temporarily withheld
- A centre-led, AO-led or external investigation is appropriate

Investigation Ownership

OTHM may:
- Conduct the investigation itself
- Require the centre to investigate (with AO oversight)
- Appoint an independent investigator (e.g., conflict of interest, senior staff involved, complex or serious cases)

Appointment of Investigating Officer

OTHM will appoint an Investigating Officer:
- With appropriate expertise
- With no personal interest in the outcome
- With delegated authority from the Responsible Officer

Conducting the Investigation

Investigations may include (as applicable):
- Evidence requests
- Learner work sampling
- Interviews
- Review of assessment/IQA records
- Centre visits (announced or unannounced)
- Review of digital data, logs or system audit trails
- Liaison with other awarding bodies if relevant
- Securing and preserving evidence

Investigations must follow principles of fairness, objectivity, timeliness, and confidentiality.

Rights of Individuals

Any person suspected will:
- Be informed of the allegation and evidence
- Have opportunity to provide a written statement
- Be made aware of potential outcomes
- Be informed of the appeals process
- Be allowed representation during interviews
- Be treated in accordance with data protection law

Decision-Making

Decisions will be:
- Based solely on evidence
- Documented through a formal written investigation report
- Reviewed by the RO or Head of Quality Assurance and Accreditation

OTHM will determine:
- Whether malpractice/maladministration has occurred
- Who is responsible
- Whether certificates are invalid
- Required remedial actions
- Whether sanctions apply
- Whether other AOs or Ofqual must be notified

Communication

OTHM will:
- Notify the Head of Centre in writing
- Notify the complainant, subject to confidentiality requirements
- Issue an action plan where required
- Explain sanctions and appeal routes

Timescales

OTHM aims to conclude all investigations within 30 working days where possible. Where longer is required, all relevant parties will be notified within 10 working days.

9. Sanctions and Corrective Actions

Sanctions may be applied to centres, staff or learners, including:
- Written warnings
- Mandatory training
- Action plans
- Increased monitoring
- Suspension of registrations
- Nullification of assessments
- Withdrawal of approval
- Withdrawal of certificates
- Referral to external bodies

Actions will be proportionate, evidence-based and aligned with regulatory expectations. See OTHM's Sanctions Policy for further information.

10. Record-Keeping

OTHM will retain:

- All evidence
- Investigation reports
- Communications
- Sanction decisions
- Action plans
- Cross-referenced logs of allegations

Retention will be for a minimum of five years, or longer where legally required.

11. Regulatory References

- A6: Identification and management of risks
- A7: Management of incidents
- A8: Malpractice and maladministration
- B3: Notification to Ofqual of certain events
- B6: Cooperation with Ofqual
- C2: Arrangements with centres
- I1: Appeals process

12. Version Control

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1.0	June 2024	New
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4.0	December 2025	Full revision