



Thrive

Malpractice and Maladministration Policy and Process

February 2026

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Document History

To be reviewed on at least an annual basis or sooner, if there are significant changes required. Approval should be the PfP Thrive Director or a relevant member of the PfP Thrive Governing Board.

Approved by: Tom Arey
Position: PfP Thrive Director
Date: February 2026
Next Review Date: February 2027

Signed
Tom Arey
PfP Thrive Director

A handwritten signature in black ink, appearing to be 'Tom Arey', followed by a horizontal line.

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Purpose and Scope

This policy sets out Pfp Thrive's approach to preventing, detecting, investigating and resolving malpractice and maladministration across apprenticeship delivery and Ofqual regulated qualifications. It applies to all staff, apprentices/learners, subcontractors, associates, delivery partners, employers, IQA/EQA interfaces, and any external specialist supporting delivery, assessment or quality assurance. It covers on programme activity, gateway, in programme assessments, and any assessments leading to Ofqual regulated qualifications that we deliver as a centre on behalf of awarding organisations, and interfaces with endpoint assessment organisations (EPAOs) where relevant.

This approach reflects Ofqual's expectation that awarding organisations (AOs) and centres take all reasonable steps to prevent and address malpractice/maladministration, and that credible allegations are investigated rigorously with proportionate sanctions where appropriate.

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Regulatory Alignment and References

This policy is informed by and must be read alongside:

- Ofqual General Conditions of Recognition, notably Condition A8 (Malpractice and Maladministration) and Condition B3 (Notification of certain events/adverse effects), together with Ofqual's updated narrative guidance on malpractice and maladministration.
-
- JCQ Suspected Malpractice: Policies and Procedures (SMPP) 2025–26, used widely by awarding bodies as a joint baseline for centre responsibilities, definitions, sanctions and appeals.
-
- DfE Apprenticeship Funding Rules (current academic year), including expectations for providers/employers regarding compliant delivery, recordkeeping, and integrity of evidence.

Note: Where a specific awarding organisation's policy differs, the stricter requirement applies and we will follow the AO/EPAO's published procedure while maintaining our internal duties to prevent and escalate.

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Definitions

Malpractice

Any deliberate act, default, neglect or practice that compromises, or could compromise:

- (a) an assessment process;
- (b) the integrity or validity of a qualification/result/certificate;
- (c) public confidence; or
- (d) the reputation/credibility of an awarding organisation, EPAO, or centre.

Examples include falsification, collusion, cheating, bribery, impersonation, unauthorised access to live assessment materials, and systematic policy breaches.

Maladministration

Any unintentional activity, error, neglect or poor administration resulting in noncompliance with AO/EPAO requirements or regulatory rules (e.g., weak controls, inaccurate records, missed deadlines, insecure material storage). Persistent maladministration can escalate to malpractice.

Centre Malpractice

Malpractice indicating systemic failure or widespread breach at provider/centre level, leading to centre level sanctions in line with awarding body procedures.

Candidate/apprentice Malpractice

Malpractice by a learner in any assessment or evidence preparation/authentication (e.g., plagiarism, collusion, impersonation, use of unauthorised aids, or misusing AI as described in Section 10).

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Policy Statement

- Pfp Thrive will take **all reasonable steps** to prevent malpractice/maladministration through proportionate risk assessment, controlled processes, training and monitoring.
- We will investigate any credible allegation promptly, fairly, and confidentially, applying natural justice and preserving evidence. We will cooperate with AOs/EPAOs/Ofqual and notify them when required under their rules or where an adverse effect may arise.
- We will apply proportionate actions/sanctions to protect learners and the integrity of qualifications and assessments, consistent with AO/EPAO/JCQ frameworks.
- We will maintain secure records, report as required under AO/EPAO policies and Ofqual's B3 expectations and implement corrective and preventive actions (CAPA).

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Roles and Responsibilities

Managing Director: Overall accountability; ensures resources, independence of investigations, and escalations to AOs/EPAOs/Ofqual as required.

Quality Lead (Policy Owner): Maintains this policy; leads risk assessment and training; triages allegations; appoints Investigating Officer; ensures secure evidence handling and timely notifications.

Investigating Officer (independent of case): Plans and conducts evidence gathering; interviews; report writing in line with AO/EPAO expectations.

Assessors/IQAs/Tutors/Delivery Staff: Comply with AO specifications and this policy; maintain accurate records; report suspected cases immediately.

Learners/Apprentices: Authenticate own work; follow assessment rules; comply with AI guidance (Section 10); report concerns.

Employers/Subcontractors/Associates/Partners: Maintain compliant arrangements; cooperate with investigations; report suspected cases.

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Prevention and Control

Risk assessment & Controls

- Annual malpractice risk review (by programme/standard and qualification).
- Secure handling of live assessment materials, controlled access permissions, and invigilation standards aligned to AO/JCQ requirements.
- Clear assessment briefs and authenticity declarations; routine use of text matching and audit trails for digital submissions.
- Segregation of duties (delivery/IQA/exams roles) and conflict of interest declarations.

Training & Awareness

- Induction and annual refreshers for staff (including AI integrity and evidence authentication).
- Learner briefings on acceptable conduct, use of sources/AI, and consequences of breaches (preassessment “information for candidates”).

Monitoring & Audit

- Internal audits and IQA sampling targeted by risk; action plans for findings.
- Partner/subcontractor quality reviews; documented follow up.

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Examples

(nonexhaustive)

Malpractice (illustrative):

deliberate falsification of records; ghost writing or contract cheating; collusion; impersonation; advance access to live assessments; tampering with scripts/evidence; bribery; coercion or undue assistance; fabricated off the job hours; deliberate misuse of AI to generate/alter assessed work without authorisation or attribution.

Maladministration (illustrative):

insecure storage; timetable errors; incorrect registrations; late/incorrect claims; incomplete records; repeated administrative errors; failure to follow invigilation arrangements; untrained staff administering assessments.

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Reporting Concerns

Immediate reporting:

Any person (learner, staff, employer, partner) must report suspected malpractice/maladministration without delay to the Designated Quality Lead (confidential mailbox: [insert]). Provide details and any supporting evidence.

Protected disclosures:

Individuals may use [Provider Name]'s Whistleblowing/Public Interest Disclosure route where they fear detriment; identities are protected where legally permissible, and retaliation is a disciplinary offence.

External reporting:

Where the matter meets AO/EPAO criteria (or an adverse effect is possible), we will notify the relevant AO/EPAO and, where applicable, Ofqual in accordance with their requirements (see Section 12).

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Investigation Process

Triage and Precautionary Actions

- Quality Lead acknowledges receipt; assesses risk; may impose temporary safeguards (e.g., withhold certification, pause affected assessments) to protect integrity and learners.

Appointment and Plan

- An independent Investigating Officer is appointed; agrees terms with AO/EPAO if they will lead or require specific steps; confirms timelines and communication plan.

Evidence Gathering

- Secure collection of documents, data logs, assessment artefacts; interviews with relevant parties; conflict of interest checks; maintain a full evidence chain.

Natural Justice and Welfare

- Inform affected individuals of the allegation and their rights to respond; support measures for staff/learners during case handling.

Report and Outcomes

- Investigation report summarising facts, analysis, findings (proven/not proven/inconclusive), recommended sanctions/actions, and any adverse effect risk. Follow AO/EPAO templates where issued.

Timelines

- We aim to conclude centre led cases within 20–30 working days where proportionate; complex cases may require longer in line with AO/EPAO directions. (Where the AO/EPAO leads, their timeline prevails.)

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Use of AI

Principles

AI tools (including generative AI) may support learning but must be referenced, but assessed work must authentically represent the learner's own knowledge, skills and behaviours. Misuse of AI can constitute malpractice. JCQ and awarding bodies expect centres to educate learners about acceptable use and to detect and deter plagiarism/contract cheating or unacknowledged AI generation.

Acceptable Use (examples)

- Using AI for idea generation, planning, or practice questions, where this is permitted for that task and where all AI assisted content is clearly acknowledged, and the final submission is the learner's own analysis and wording.
- Using AI tools for accessibility (e.g., spelling/grammar support) within allowed parameters and with appropriate disclosure.

Unacceptable Use (examples—likely malpractice)

- Submitting AI generated content as one's own original work without permission and without attribution.
- Using AI to fabricate data, sources, or evidence; to paraphrase wholesale to evade detection; or to translate entire assignments where not permitted.
- Using AI or AI enabled devices during controlled assessments/exams unless explicitly allowed.

Controls

- Assessment briefs specify AI permissions/prohibitions per task.
- Authenticity declarations require learners to state any AI use and prompts/tools used.
- Routine use of text matching and, where proportionate, process evidence (notes, drafts, version history).
- Staff training on recognising AI misuse and applying AO/JCQ guidance.

Sanctions

Misuse will be investigated under this policy; sanctions mirror those for plagiarism/collusion and may include voiding work, withholding results, or further actions per AO/EPAO sanctions frameworks.

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Sanctions

Sanctions are proportionate to the severity, intent, and impact, taking account of AO/EPAO/JCQ guidance. Possible outcomes include: warnings; mandatory retraining; mark/grade adjustment; withholding/voiding results; suspension of assessment activity; requirement to resit; centre sanctions (enhanced monitoring, suspension, or withdrawal of approval) where systemic issues are found. We will also implement Corrective and Preventive Actions (CAPA) (e.g., process redesign, additional controls, partner improvement plans) and review policy effectiveness postcase.

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Notifications and External Escalations

Awarding Organisations/EPAOs:

We will notify relevant bodies promptly where their criteria are met (e.g., suspected centre or candidate malpractice affecting assessments/qualifications). We will comply with their investigative directions or hand over where they lead.

Ofqual (Condition B3):

Where an event could have or has had an adverse effect (e.g., widespread error compromising validity), we will ensure that the AO/EPAO is informed; we will cooperate fully with AO/EPAO notifications to Ofqual and provide requested information.

DfE:

Where funding integrity may be affected (e.g., false OTJ records), we will follow DfE rules and any incident reporting channels as directed by AOs/EPAOs and the agency.

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Decisions and Appeals

Decision notifications:

Parties will receive written outcomes with reasons and any sanctions/actions. We will keep secure investigation records and decision logs for the period required by AOs/EPAOs/regulators/funding bodies.

Appeals:

Individuals (and the centre, if sanctioned) may appeal decisions through the AO/EPAO appeals process and, where available, through any independent review stage. [Provider Name]'s internal complaints procedure remains available for procedural concerns not covered by the AO/EPAO route.

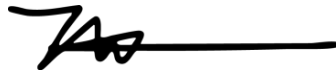
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Policy review and version control

This Policy will be reviewed annually or in the event of changes in rules or to consider changes in working practices that may result from incidents.

Date of Publishing: February 2026
Review Date: February 2027
Policy/Process Owner: Quality and Governance Manager

Signed:
Tom Arey
Director of PFP Thrive



25/02/2026

Version control

| Version History | Date | Action | Amended by | Reviewed by |
|-----------------|----------------|---|---------------------------------------|---------------------------------|
| V1.0 | September 2024 | New policy creation | Rebecca Edwards Academy Consultant | Tom Arey Pfp Thrive Director |
| V2.0 | February 2026 | Full policy review and rewrite including new branding | Quality and Governance Manager | Tom Arey Pfp Thrive Director |
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