



University of the Highlands and Islands

Centre and Candidate Malpractice and Maladministration Policy and Procedure for SQA provision

POL137

Lead Officer (Post):	HE Operations Manager (SQA)
Responsible Office/ Department:	Academic Directorate
Responsible Committee:	Academic Council
Review Officer (Post):	HE Operations Manager (SQA)
Date policy approved:	01/09/2017
Date policy last reviewed and updated:	01/12/2021
Date policy due for review:	01/12/2023
Date of Equality Impact Assessment:	01/04/2022
Date of Privacy Impact Assessment:	N/A

Accessible versions of this policy are available. Please contact the University Governance team.

Policy Summary

Overview	Compliance with awarding body requirements. Compliance with this policy is required by staff to maintain the highest standards of propriety and professionalism and to avoid placing themselves in a position where their integrity might be called into question. Compliance will minimise risk to UHI and its staff.
Purpose	This policy forms part of the University of the Highlands and Islands SQA HE assessment arrangements.
Scope	All staff and candidates on SQA HE programmes.
Consultation	The policy will initially be reviewed by the university's HE Operations Manager (SQA) and academic partner Quality Managers.
Implementation and Monitoring	The policy will be implemented through programme teams and included in the SQA HE programme handbook. The administration will become the responsibility of all SQA HE academic staff. The policy will be reviewed annually by the Student Services Team with direct input from the university's SQA Co-ordinator and representative members of Quality Forum.
Risk Implications	The risk implications of not having the policy are greater than any risk implications created by the presence of the policy. The policy prevents non-compliance with SQA Quality Assurance criteria; and provides a clear and transparent structure to operationalise a consistent process should incidents of malpractice arise.
Link with Strategy	The Policy directly supports the strategic values of openness and respect. The Policy clearly links to the Tertiary Education strategic pillar.
Impact Assessment	Equality Impact Assessment: completed March 2022
	Privacy Impact Assessment: not required

1. Policy Statement

The University of the Highlands and Islands expects staff and candidates to act with honesty and integrity, and behave considerately, at all times. The university is committed to the highest standards of integrity and to ensuring it adheres to and promotes best practice.

This policy is designed to provide staff and candidates with a clear framework within which to work and sets out the university's definition of malpractice and maladministration, what it is and how it may arise. It provides advice and guidance on how staff and candidates can minimise malpractice and maladministration and what to do should malpractice or maladministration be suspected.

Cases of suspected malpractice or maladministration relating to the university's SQA HE provision will be dealt with in accordance with the university's Academic Standards and Quality Regulations and relevant awarding body requirements.

SQA HE provision is broadly defined as activity at SCQF level 7 and above. Specifically:
All Higher National Certificate (HNC) and Higher National Diploma (HND) courses
All Professional Development Awards (PDAs) at SCQF level 7 and above
Individual Higher National units
Scottish Vocational Qualifications (SVQ) courses at SCQF level 8 and above (formerly SVQ levels 4 and 5).

The policy aims to ensure that the university deals fairly, promptly and transparently with staff and candidates who are believed to have committed a breach of university regulations.

2. Definitions

For the purposes of this policy, the use of the term candidate refers to students on university SQA HE programmes. The Centre refers to the university, and includes those constituent academic partners, as approved as an SQA centre.

Candidate and Centre malpractice, which includes maladministration and non-compliance, means any act, default or practice (whether deliberate or resulting from neglect or default) which is a breach of SQA assessment requirements and / or which:

- compromises, attempts to compromise or may compromise the process of assessment, the integrity of any SQA qualification or the validity of a result or certificate; and / or,
- damages the authority, reputation or credibility of SQA or any officer, employee or agent of SQA or other awarding bodies.

Malpractice can arise for a variety of reasons:

- some incidents are intentional and aim to give an unfair advantage or disadvantage in an examination or assessment (deliberate non-compliance)
- some incidents arise due to ignorance of SQA requirements, carelessness or neglect in applying the requirements (maladministration).

Malpractice can include both maladministration in the assessment and delivery of awarding body qualifications and deliberate non-compliance with awarding body requirements.

Whether intentional or not, it is necessary to investigate and act upon any suspected instances of malpractice, to protect the integrity of the qualification and to identify any wider lessons to be learned.

Failure by the university to notify, investigate and report to SQA allegations of suspected malpractice constitutes malpractice. Also failure to take action as required by SQA or to cooperate with an SQA investigation constitutes malpractice.

Notification to SQA will be made by the university's SQA Co-ordinator. This can be done in writing or by telephone. E: malpractice@sqa.org.uk or T: 0345 213 5363/ 5567

4.1 Candidate Malpractice

The university will notify SQA of candidate malpractice concerns for internal assessment if:

- the concern came to the centre's attention after submission of internal assessment marks
- the concern relates to candidate malpractice for a qualification regulated by SQA Accreditation or Ofqual
- any candidate affected by a centre's candidate malpractice decision, having exhausted their right of appeal within the centre, wishes to exercise their right of appeal to SQA
- there are other exceptional circumstances, e.g. the centre believes that the malpractice case involves a criminal act.

The following are examples of candidate malpractice, and is not limited to:

- plagiarism – failure to acknowledge sources properly and / or the submission of another person's work as if it were the candidate's own
- collusion with others when an assessment must be completed by individual candidates
- copying from another candidate (including using ICT to do so), OR allowing work to be copied (for example posting written coursework on social networking sites prior to an examination / assessment)
- exchanging, obtaining, receiving, passing on information (or attempt to) which could be examination related by means of talking, electronic, written or non-verbal communication
- allowing others to assist in the production of controlled assessments, coursework or assisting others in the production of controlled assessments or coursework
- bringing into the examination room notes in the wrong format (where notes are permitted in examinations) or inappropriately annotated texts (in open book examinations)
- bringing into the examination or assessment room unauthorised material, for example, notes, study guides and personal organisers, own blank paper, calculators, dictionaries (where prohibited), instruments which can capture a digital image, electronic dictionaries and devices, mobile phones, reading pens, translators
- personation - assuming the identity of another candidate or a candidate having someone assume their identity during an assessment
- inclusion of inappropriate, offensive, discriminatory or obscene material in assessment evidence
- frivolous content – producing content that is unrelated to the assessment
- inappropriate behaviour during an examination or assessment that causes disruption to others, including talking, shouting, aggressive behaviour, vulgarity or swearing
- behaving in a manner so as to undermine the integrity of the examination or assessment.

4.2 Centre Malpractice

Any suspected cases of centre malpractice must be reported to SQA. SQA requires centres to bring any suspected concerns of centre malpractice to its attention as soon as the centre has undertaken an initial investigation to establish the nature of the concern.

The following are examples of centre malpractice, and is not limited to:

- misuse of assessment, including repeated reassessment contrary to requirements, or inappropriate adjustments to assessment decisions
- inventing or changing marks for internally assessed work (coursework or portfolio evidence) where there is insufficient evidence of the candidate's achievement to justify the marks given or assessment decisions made
- Insecure storage of assessment instruments and marking guidance
- Failure to keep candidate coursework / portfolios of evidence secure
- Failure to comply with requirements for accurate and safe retention of candidate evidence, assessment and internal verification records
- Assisting learners in the production of work for assessment, where the support has the potential to influence the outcomes of assessment, for example where the assistance involves producing work for the learner
- Producing falsified witness statements, for example for evidence the learner has not generated
- Allowing evidence to be included for assessment which is known by the staff member not to be the learner's own
- Facilitating and allowing impersonation
- Misusing the conditions for special learner requirements
- Falsifying records/certificates, for example by alteration, substitution, or by fraud
- Fraudulent certificate claims, that is claiming for a certificate prior to the learner completing all the requirements of assessment
- Failure to adhere to awarding body registration and certification procedures
- Failure to adhere to centre approval requirements
- Late learner registrations (both infrequent and persistent)
- Unreasonable delays in responding to requests and communications from awarding bodies
- Inaccurate claims for certification or award
- Failure to maintain appropriate auditable records e.g. certification claims and/or forgery of evidence
- Withholding of information, either by deliberate act or omission, which is required by the awarding body to ensure the rigour of quality assurance and by implication the integrity of the qualification, certification or award
- Failure to adhere to, or incorrect application of, any awarding body policy in relation to reasonable adjustments and/or other special considerations.

3. Purpose

This policy forms part of the University of the Highlands and Islands' academic standards and quality assurance processes. The purpose of the policy is to ensure that all staff and candidates are aware of the process involved if malpractice or maladministration is suspected.

4. Scope

The scope of this policy is to apply to all staff and candidates of the university, including any temporary or agency staff or unpaid members of staff and voluntary workers. The policy applies to all SQA qualifications, and SQA shall be notified of all suspected cases of centre malpractice and all suspected cases of candidate malpractice where this relates to a regulated qualification.

Consideration will be given for candidates with a predisposition to behavioural issues as identified in a personal learning support plan (PLSP).

5. Notification

The policy will be held on the university Policy SharePoint site for ease of access. Revisions will be circulated through relevant committees and forums, for example, Quality Forum.

6. Roles and Responsibilities

Candidates and staff will be made aware at induction of the Malpractice and Maladministration Policy and Procedure. It is the responsibility of all staff to ensure the integrity of any qualification being delivered within the university network and to follow the reporting procedures outlined below if they suspect there has been candidate or centre malpractice.

- Academic partner managers are responsible for ensuring that staff are aware of their responsibilities under the policy and for suspected centre, staff or candidate malpractice, staff should contact the relevant Curriculum Manager, who will in turn contact the university's SQA Co-ordinator and the relevant academic partner Quality Manager.
- Any candidate who suspects malpractice, either by a fellow student or member of staff, should report their suspicions to either: the delivering lecturer, their Personal Academic Tutor, or other member of academic partner staff. Existing reporting mechanisms such as the Red Button may also be used.
- Academic and related support staff, eg invigilators, have a responsibility to ensure that candidates are aware of their responsibilities under this Policy
- Academic partner Quality Managers have a responsibility to report any suspected incidences of centre or staff malpractice to the appropriate line manager and candidate malpractice to the appropriate curriculum manager. The line or curriculum manager should deal with each suspected instance in accordance with the employing academic partner's staff disciplinary policy or university's academic misconduct policy and procedure, depending on the circumstance
- The university's SQA Co-ordinator and Quality Manager should be notified immediately, by the investigating line manager, of a suspected case of malpractice or maladministration
- All staff have a professional duty to ensure they uphold this policy. Whilst the policy sets out general principles, staff must also ensure they abide by the assessment and administrative requirements for each course and qualification as set out by the relevant awarding body
- Student Records staff, and local partner registry teams support the policy through timely notification of change to result requests to the university's SQA Co-ordinator.

- The university's SQA Co-ordinator will notify SQA of any incident of suspected malpractice or maladministration, and ensure that resulting is put on hold pending the outcome of any investigation and subsequent appeal.

The process for handling allegations of malpractice and maladministration will follow the university's academic misconduct policy and procedure (academic standards and quality regulations, Section 19.63).

Where potential centre malpractice is identified, or drawn to our attention by SQA, the centre malpractice investigation process will be applied.

7. Procedures

6.0 Appeals (after a malpractice / maladministration incident)

Candidates have a right to appeal a decision where a concern of candidate malpractice has been upheld. A candidate may appeal in writing to the university's SQA Co-ordinator. The UHI HE Operations Manager will provide details of who the candidate should contact at SQA should the candidate wish to appeal to SQA once they have exhausted the university's internal appeals procedure.

Centres have the right to appeal a decision where a case of reported malpractice by the centre has been confirmed through investigation by SQA. Centres also have the right to appeal a decision in the case of suspected malpractice by a candidate reported by the centre to SQA. Candidates have the right to appeal to SQA where:

- the centre has conducted an investigation, the candidate disagrees with the outcome and has exhausted the centre's appeals process
- SQA has conducted an investigation and the candidate disagrees with the decision.
- SQA has asked our centre to conduct an investigation and the candidate disagrees with the outcome and has exhausted our centre's appeals process

For regulated qualifications only:

- Candidates and centres have the right to request a review by the appropriate regulator (SQA Accreditation or Ofqual) of the awarding body's process in reaching a decision in an appeal of a malpractice decision for qualifications subject to regulation.

7.0 Recording cases of malpractice

Cases of malpractice will be recorded centrally to allow the identification of themes or issues arising over a period of time. The level of detail recorded will meet GDPR requirements; individuals will not be identifiable from the data.

Analysis of the data will be undertaken periodically by Dean of Students and HE Operations Manager (for HN provision).

8.0 Retention of investigations

Where suspected malpractice or maladministration has been upheld, all records will be retained in line with the university's retention policy and schedule.

Where an investigation of suspected malpractice is carried out, the centre must retain related records and documentation for three years. In the case of regulated qualifications, records will be retained for six years. Records should include any work of the candidate and assessment or verification records relevant to the investigation.

In the case of an appeal to SQA against the outcome of a malpractice investigation, assessment records must be retained for six years. In an investigation involving a potential criminal prosecution or civil claim, records and documentation should be retained for six years after the case and any appeal has been heard. If the centre is in any doubt about whether criminal or civil proceedings will take place, it should keep records for the full six-year period.

9.0 Reporting to SQA

Any suspected cases of centre malpractice must be reported to SQA as soon as we have carried out an initial screening exercise to establish the nature of the concern. This includes any concerns where we take the view that no further action is necessary.

We must inform SQA of any investigation carried out by an awarding body, industry body, funding agency or regulator which may or may not affect the delivery of SQA qualifications. We must promptly bring to SQA's attention any findings of centre malpractice or maladministration communicated to us by another awarding or industry body. We must notify SQA promptly if another awarding body removes approval from our centre, regardless of the reason given for this withdrawal.

8. Risk Assessment

The Policy is widely publicised through the student and staff induction processes. There is a supporting CPD training package for staff. Academic Partners report on cases of malpractice quarterly as outlined in section 7. Analysis of the reported data takes place at regular occasions.

9. Related Policies, Procedures, Guidelines and Other Resources

The Policy is directly linked to the following internal and external documents:

[SQA Systems Verification Criteria](#)

[SQA Qualification Verification Criteria](#)

[SQA Malpractice: Information for Centres](#)

[Progression Board Guidance \(SQA provision\)](#)

Centre malpractice process (internal)

10. Version Control and Change History

Version	Date	Author	Purpose/change	Policy review date
0.1	1 March 2017	Tara Black	Policy established (Draft)	
0.2	3 April 2017	Tara Black / Val Innes	Policy refined	
0.3	18 May 2017	Tara Black / Val Innes	Policy refined following consultation with Student Services and Quality Managers	
0.4	22 May 2017	Tara Black	Policy refined following consultation with SQA and Quality Managers	
0.5	23 Aug 2017	Val Innes	Typos corrected and minor adjustments made	
1.0	20 Sept 2017		Final version approved by Court	
1.0	December 2021	Liz Cook	Policy refined following a review of working practice and current SQA requirements.	December 2021