

Malpractice and Maladministration Policy

Document reference	UKSEQ-POL-005
Policy area	Integrity
Version	0.1 — Draft
Status	In development — not approved for operational use
Policy owner	UKSEQ Quality & Compliance Lead (proposed)
Approval authority	UKSEQ Board (proposed)
Effective date	To be confirmed upon approval
Review frequency	Annually and following material change
Next review	12 months after approval

1. Purpose and scope

This policy establishes the proposed UKSEQ approach to malpractice and maladministration. It applies to UKSEQ directors, employees, contractors, centres and learners as relevant to their roles. It will take effect only when formally approved and implemented. UKSEQ is not currently recognised by Ofqual or Qualifications Wales and does not currently award regulated qualifications.

2. Responsibilities

The Board is accountable for approving the policy and ensuring sufficient resources and independent oversight. The designated Quality & Compliance Lead is responsible for implementation, monitoring and escalation. Centres and authorised personnel must comply with applicable requirements, cooperate with reviews and maintain accurate records. Specific appointments and delegated authorities must be confirmed before the policy takes effect.

3. Definitions

Malpractice is conduct that undermines, or could undermine, the integrity of assessment or qualifications; maladministration is failure to follow required procedures, including administrative error or neglect.

4. Examples

Examples include plagiarism, impersonation, fabricated evidence, unauthorised AI assistance, collusion, insecure assessment materials, false records, improper certification claims and failure to make required notifications.

5. Reporting

Learners, centres, staff and third parties may report concerns confidentially through the designated quality contact. Centres must preserve evidence, protect affected learners and report suspected serious incidents without undue delay.

6. Triage and containment

An authorised lead will log the allegation, assess severity, conflicts, immediate risks and possible need to pause assessment or certification. The subject must not control the investigation.

7. Investigation

Investigations must be proportionate, impartial and documented; individuals will ordinarily have an opportunity to respond. Evidence, interviews, findings and rationale must be securely retained.

8. Outcomes and sanctions

Possible outcomes include no case to answer, corrective training, reassessment, invalidation of evidence, suspension or withdrawal of centre approval, staff restrictions and certificate correction or withdrawal where lawful.

9. Notifications and appeals

UKSEQ will make regulator and other external notifications where required by applicable conditions and law. Decisions and appeal routes will be communicated while respecting confidentiality.

10. Monitoring, records and review

Compliance will be monitored through management review, sampling, incident analysis and internal audit as appropriate. Records of decisions, exceptions, approvals and corrective actions must be maintained in approved secure systems. This policy will be reviewed annually, and sooner following relevant legal or regulatory change, material incident or identified weakness.

11. Related documents

This policy should be read alongside the UKSEQ policy suite, applicable qualification specifications, approved centre agreements and relevant statutory or regulatory requirements. In any conflict, applicable law and binding regulatory conditions take precedence.

Document control and approval

Prepared for consultation and Board review. Before issue, UKSEQ must confirm named accountable officers, contact routes, delegated decision rights, service standards, implementation evidence and any necessary regulatory cross-references.

Approved by	Pending
Approval date	Pending
Next scheduled review	12 months after approval