

Malpractice and Maladministration Policy

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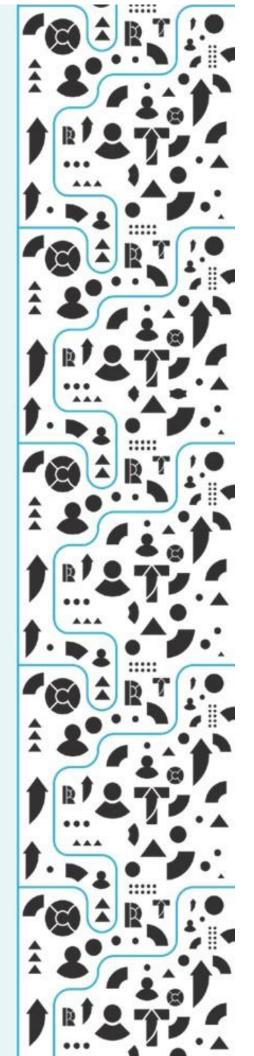
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Think Talent Institute

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Malpractice and Maladministration Policy

1. Introduction

This Policy establishes the institutional framework for the prevention, identification, reporting, investigation, and resolution of malpractice and maladministration at Think Talent Institute. The purpose of this Policy is to safeguard academic integrity, ensure fairness and transparency in assessment and administrative processes, and protect the reputation of the Institute. It applies to all students, academic staff, administrators, assessors, internal and external verifiers, consultants, and collaborators engaged in teaching, learning, assessment, or institutional processes.

2. Definitions

Malpractice refers to any act, default, neglect, or deliberate wrongdoing that compromises, or has the potential to compromise, the integrity of assessments, research, or institutional processes. Examples include plagiarism, collusion, impersonation, falsification of work, fabrication of data, improper assistance to candidates, or breaches of confidentiality regarding assessments.

Maladministration refers to any error, omission, or systemic failure in the administration of academic or institutional processes, whether deliberate or accidental, that leads to unfair advantage or disadvantage. Examples include inaccurate learner registration, incorrect certification, inadequate record-keeping, failure to apply institutional policies, or mismanagement of assessment documentation.

3. Principles

Think Talent Institute is committed to maintaining the highest standards of probity, fairness, and accountability. Investigations will be impartial, confidential, and timely, with sanctions applied proportionately and consistently. The Institute ensures full compliance with MFHEA standards, OTHM/Ofqual regulations, and its own QA Policy QA190825.

4. Responsibilities

The Governing Authority approves and oversees this Policy. The Academic Council ensures alignment with academic regulations. The Quality Assurance Office acts as the Designated Authority for receiving, investigating, and resolving reported cases. Staff must uphold QA standards, apply policies consistently, and report concerns promptly, while students are expected to comply with academic integrity and institutional regulations.

5. Reporting Procedures

Allegations of malpractice or maladministration must be submitted in writing to the Quality Assurance Office. Reports should include details of the allegation, supporting



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evidence, and witness statements where applicable. All allegations will be treated in strict confidence, ensuring protection for whistle-blowers and the accused until the outcome is determined.

6. Investigation Process

The Quality Assurance Office will acknowledge receipt of allegations within five (5) working days. A preliminary review will determine whether there is a prima facie case. Where necessary, a Formal Investigation Panel, comprising impartial members with no conflict of interest, will be convened. The Panel may interview parties, review evidence, and consult experts. A decision will normally be reached within twenty (20) working days.

7. Outcomes and Sanctions

For students, sanctions may include resubmission of work, reassessment, nullification of results, suspension, or expulsion. For staff, sanctions may include a written warning, mandatory retraining, removal from assessment duties, or dismissal. For institutional or systemic issues, corrective measures may include process revisions, strengthened verification procedures, or targeted training.

8. Appeals

All parties subject to sanctions have the right to appeal. Appeals must be submitted in writing to the Academic Council within ten (10) working days of the outcome notification. Appeals will be reviewed by an independent Appeals Committee. The decision of the Appeals Committee is final and binding.

9. Monitoring and Review

The Quality Assurance Office maintains a register of malpractice and maladministration cases and provides an annual report to the Academic Council summarising cases, outcomes, and lessons learned. This Policy will be formally reviewed every three (3) years, or earlier if required by MFHEA, OTHM, or legislative changes.

Governance Reference: QA Policy QA190825 (Issued August 2025), Assessment & Verification Policy ASM 004 (Issued June 2025), Academic Integrity Policy (Appendix G, QA190825), and MFHEA Act (CAP 607) with OTHM Assessment Regulations.



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