LONDON MATHS & SCIENCE COLLEGE

Malpractice and Maladministration Policy

Suspected malpractice and maladministration in examinations and assessments

Document reference	LMSC/MMP/02
Title	**Malpractice and Maladministration Policy**
Version	2.0
Supersedes	Malpractice and Maladministration Policy (effective 21 February 2026) and Procedures to Support the Investigation of Malpractice and Maladministration (LMSC/MMP/01, v1.0, 01/03/2026). Both are withdrawn on the effective date of this policy.
Effective date	1st August, 2026
Review date	30 September 2027, and on each 1 September thereafter
Policy owner	Principal / Head of Centre
Approved by	Proprietor
Applies to	All staff, invigilators, contractors, assessors and candidates of London Maths & Science College, including private and external candidates
Published	London Maths & Science College, 167 Commercial Road, London E1 2DA

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1. Purpose

1.1 This policy sets out how London Maths & Science College ("LMSC" or "the centre") prevents, identifies, reports and investigates suspected malpractice and maladministration in examinations and assessments, and how the centre discharges its obligations to the awarding organisations.

1.2 It exists to protect the integrity of the qualifications LMSC delivers, to protect candidates from disadvantage, and to ensure that any allegation is dealt with promptly, fairly and by a person with no interest in its outcome.

1.3 This policy replaces both of the centre's previous malpractice documents. Only this policy is in force.

2. Scope

2.1 This policy applies to every person connected with the delivery or administration of examinations and assessments at LMSC, including the Head of Centre, the Proprietor, senior leaders, the Examinations Officer, teaching and support staff, invigilators, assessors, technicians, contractors and volunteers.

2.2 It applies to all candidates, including internal candidates, private candidates, external candidates and transferred candidates.

2.3 It applies to all forms of assessment, including written examinations, on-screen assessment, non-examination assessment, coursework, practical endorsement and practical examinations, wherever they take place — including at any alternative site used by the centre with the agreement of the awarding organisation.

3. Regulatory context

3.1 This policy is written to comply with the following publications, which are the operative versions for the academic year 1 September 2025 to 31 August 2026:

- JCQ, Suspected Malpractice: Policies and Procedures, 2025–2026
- JCQ, General Regulations for Approved Centres, 1 September 2025 to 31 August 2026
- JCQ, Instructions for Conducting Examinations, 1 September 2025 to 31 August 2026
- JCQ, Instructions for Conducting Non-Examination Assessments, 2025–2026
- JCQ, Access Arrangements and Reasonable Adjustments, March 2026 revision
- The requirements of each awarding organisation with which LMSC holds centre approval

3.2 From 1 September 2026 the corresponding 2026/27 publications apply. The Examinations Officer is responsible for downloading the 2026/27 suite on the day of publication, recording the date of download, updating the citations at clause 3.1, confirming the reporting timescales at clause 12 against the current publication, and circulating the revised policy to all staff. **The record of that download and circulation is retained as evidence.**

3.3 Where this policy and a current JCQ or awarding organisation requirement conflict, the JCQ or awarding organisation requirement prevails and this policy is corrected at the earliest opportunity.

3.4 Nothing in this policy limits the centre's obligations under the Equality Act 2010, the UK GDPR and the Data Protection Act 2018, or its safeguarding duties.

4. Definitions

4.1 Malpractice means any act, default or practice which is a breach of the regulations, or which compromises, attempts to compromise or may compromise the process of assessment, the integrity of any qualification, or the validity of a result or certificate. It includes maladministration.

4.2 Maladministration means any activity, neglect, default or other practice that results in the centre or a candidate not complying with the specified requirements for the delivery of qualifications.

4.3 Centre malpractice means malpractice or maladministration by the centre, its staff or its contractors, as distinct from malpractice by a candidate.

4.4 A reasonable belief that malpractice or maladministration may have occurred is sufficient to trigger this policy. Proof is not required in order to report, and no member of staff is expected to establish whether an allegation is well founded before reporting it.

5. Examples

Candidate malpractice

- Introducing unauthorised material, including notes, a mobile telephone, a smart watch or any other electronic communication or storage device, into an examination room
- Impersonation, or allowing another person to sit an assessment in the candidate's place
- Copying from another candidate, or communicating with another candidate during an assessment
- Failing to comply with the instructions of an invigilator
- Submitting work that is not the candidate's own, including work produced wholly or partly by a generative artificial intelligence tool, without acknowledgement
- Falsifying, plagiarising or improperly obtaining assessment evidence
- Disruptive behaviour in the examination room

Staff and centre malpractice or maladministration

- Failing to keep confidential assessment material secure, or breaching the secure storage requirements
- Opening question paper packets before the permitted time, or allowing unauthorised access to them
- Assisting a candidate beyond what the specification or an approved access arrangement permits
- Failing to invigilate in accordance with the regulations, including leaving a room unsupervised
- Applying, or permitting, an access arrangement that has not been approved or for which the evidence does not exist
- Failing to verify a candidate's identity in accordance with the centre's identity verification procedure
- Failing to declare a conflict of interest, including a relationship with a candidate or an interest in another approved centre
- Failing to report suspected malpractice
- Altering, fabricating or destroying assessment evidence, records or logs

- Submitting inaccurate information to an awarding organisation, whether on an application, an entry, or a request for special consideration

6. Roles and responsibilities

6.1 The post-holders below carry the responsibilities set out in this policy. Where a post is vacant, the Head of Centre records in writing who is discharging it and from what date.

Role	Post-holder	Responsibility under this policy
Principal / Head of Centre	Eman Ahamed	Owns this policy. Accountable to the awarding organisations for the integrity of all assessment at the centre. Decides whether a matter is reported, appoints the Investigation Manager other than where clause 7 provides otherwise, and signs every report to an awarding organisation.
Examinations Officer	Anis Zaman	Receives reports of suspected malpractice, secures and preserves evidence, maintains the case record, and acts as Investigation Manager for candidate malpractice except where clause 7 provides otherwise. Does not own, approve or review this policy.
SENCo / Access Arrangements Lead (external)	Lahcen Lebetiou	Advises on any matter involving access arrangements or reasonable adjustments.
Designated Safeguarding Lead	Stephen Montford	Consulted immediately where a matter engages the safety or welfare of a candidate.
IT Lead	Ahsanul Farhan	Preserves system logs, device images and on-screen assessment records at the direction of the Investigation Manager.

6.2 Every member of staff, invigilator, assessor and contractor has a personal duty to report any suspected malpractice or maladministration of which they become aware. That duty is not discharged by raising the matter informally, and it is not affected by the seniority of the person concerned.

6.3 Candidates are informed of what constitutes malpractice, and of the consequences, before their first assessment. The record of that briefing is retained.

7. Independence, conflicts of interest and escalation

7.1 No person may report on, investigate, decide upon, or approve any matter under this policy in which that person is the subject of the allegation, is a witness to it, or has a personal, familial, financial or commercial interest. **A commercial interest includes any role, directorship, shareholding or employment held at another approved examination centre.**

7.2 The Examinations Officer does not own, approve or review this policy, and does not act as Investigation Manager for any allegation concerning himself, the examinations administration function for which he is responsible, or a person to whom he reports.

7.3 The Senior Leader responsible for examinations is a senior leader other than the Examinations Officer, appointed in writing by the Head of Centre. That appointment provides the independent senior oversight of examinations administration required by the JCQ General Regulations, and it cannot be discharged by the Examinations Officer.

7.4 Allegations are routed as follows. Where more than one row applies, the row furthest down the table governs.

Subject of the allegation	Reported to	Investigation Manager appointed by	Investigation Manager	Signs the report to the awarding organisation
A candidate	Examinations Officer	Head of Centre	Examinations Officer	Head of Centre
A member of teaching or support staff	Examinations Officer	Head of Centre	Senior Leader responsible for examinations	Head of Centre
An invigilator	Examinations Officer	Head of Centre	Senior Leader responsible for examinations	Head of Centre
An assessor or external contractor	Examinations Officer	Head of Centre	Senior Leader responsible for examinations	Head of Centre
The Examinations Officer	Head of Centre, directly	Head of Centre	Senior Leader responsible for examinations, or an independent person	Head of Centre
The Senior Leader responsible for examinations	Head of Centre, directly	Head of Centre	An independent person appointed by the Head of Centre	Head of Centre
The Head of Centre	Proprietor, directly	Proprietor	An independent person external to the centre's examinations function	Proprietor
Both the Head of Centre and the Examinations Officer	Proprietor, directly	Proprietor	An external independent investigator	Proprietor

7.5 Where an allegation concerns the Head of Centre, it is reported to the Proprietor directly and is not routed through the Head of Centre, the Examinations Officer or any person reporting to them. The Head of Centre is excluded from the investigation, from any decision on reporting, and from access to the case record.

7.6 Where the routing table would place a matter with a person who is conflicted under clause 7.1, the appointment passes upwards to the next person in the table. If no person within the centre is free of conflict, the Proprietor appoints an independent investigator from outside the centre.

7.7 Any person appointed as Investigation Manager signs a declaration of no conflict before beginning. The declaration is retained on the case file.

7.8 This clause is read alongside the Conflict of Interest Policy. Conflicts of interest are declared annually by all staff involved in examinations, recorded in the central conflicts register, and notified to the relevant awarding organisation before the published entry deadline for each examination series.

8. Prevention

8.1 All staff and invigilators are trained on the current Instructions for Conducting Examinations and on this policy before their first deployment, and are briefed again before each examination series. Training is recorded on a dated register signed by each attendee.

8.2 All staff and invigilators sign a declaration confirming that they have read the current Instructions for Conducting Examinations, this policy and the Conflict of Interest Policy. Declarations are retained.

8.3 Candidates receive the current JCQ information for candidates documents and a centre briefing covering unauthorised materials, mobile telephones and electronic devices, conduct in the examination room, and the authentication of their own work.

8.4 Confidential assessment material is handled in accordance with the centre's Exam Security Policy. Access to the secure room and the secure storage facility is restricted to the named key holders on the key holder register.

8.5 System access to the centre's management information system and to awarding organisation secure extranets is restricted, individually attributed, and reviewed when a member of staff changes role or leaves.

9. Reporting a concern

9.1 A person who suspects malpractice or maladministration reports it to the person identified in the routing table at clause 7.4, on the same day, and in writing wherever practicable.

9.2 The report states what was observed, when, where, who was involved and who else was present. The person reporting does not investigate, question the person concerned, or discuss the matter with anyone other than the person to whom it is reported.

9.3 A concern may be raised in confidence. A person who reports a concern in good faith is protected under the centre's Whistleblowing Policy, and no detriment follows from having reported, whether or not the allegation is upheld.

9.4 Where a concern relates to the safety or welfare of a candidate, the Designated Safeguarding Lead is informed immediately and the safeguarding procedure takes precedence over the timescales in this policy.

10. Immediate action

10.1 Where suspected malpractice is identified during an examination, the candidate is normally permitted to complete the assessment. The invigilator records what happened, when, and what was said or found, and reports it to the Examinations Officer at the end of the session.

10.2 Any unauthorised material or device is removed, bagged, labelled with the candidate's name, the date and the time, signed by the invigilator, and stored securely with the case record.

10.3 Where the integrity of confidential assessment material may have been compromised, the Head of Centre is informed immediately and the awarding organisation is informed without delay, before any internal investigation is complete.

10.4 Where a person is the subject of an allegation, the Head of Centre — or the Proprietor, where clause 7.5 applies — considers whether it is necessary to restrict that person's access to confidential assessment material, to the secure room, or to examination systems while the

matter is investigated. Any such restriction is a protective measure, not a sanction, and is recorded with the reason.

11. Recording and preserving evidence

11.1 The Investigation Manager opens a case record on the day the matter is reported. The case record is held securely, with access restricted to those with a legitimate role in the matter.

11.2 The following are preserved, where relevant:

- Seating plans, attendance registers and records of start and finish times
- Incident logs and written statements from invigilators and other witnesses
- Confiscated materials and devices, bagged, labelled, time-stamped and stored securely
- Copies of candidate work, drafts, marking records and authentication statements
- System logs, access records, screenshots and on-screen assessment data, preserved by the IT Lead
- Secure storage delivery, checking and key issue logs
- Closed-circuit television footage, where it exists and where its use is lawful

11.3 Nothing on the case record is altered or destroyed. Where a correction is necessary, the original entry remains legible and the correction is dated and initialled.

11.4 Records relating to malpractice are retained in accordance with the centre's Record Retention Policy and for no less than the period required by the relevant awarding organisation.

12. Reporting to the awarding organisation

12.1 The decision to report rests with the Head of Centre, or with the Proprietor where clause 7.5 applies. It is not delegated to the Examinations Officer. **Where there is doubt, the matter is reported.**

12.2 Suspected candidate malpractice is reported on JCQ Form M1. Suspected staff or centre malpractice and maladministration is reported on JCQ Form M2. The centre uses the current version of each form as published by JCQ.

12.3 Reports are submitted within the timescales set out in the current JCQ Suspected Malpractice publication and the requirements of the awarding organisation concerned. Where an irregularity is identified after work has been authenticated or submitted, or where the security of confidential assessment material may have been compromised, full details are submitted to the awarding organisation immediately.

12.4 The Examinations Officer confirms the current reporting timescales against the operative JCQ publication at the start of each academic year and records the confirmation at clause 3.2.

12.5 A copy of every report submitted, and of every acknowledgement and decision received, is retained on the case record and in the centre's inspection evidence folder.

12.6 The centre co-operates fully with any investigation conducted by an awarding organisation, JCQ or a regulator, and provides access to premises, records and staff as required.

13. Internal investigation

13.1 The Investigation Manager is appointed in accordance with clause 7.4 and is given written terms of reference stating what is to be established and by when.

13.2 The person who is the subject of the allegation is told what is alleged, in writing, in sufficient detail to respond, unless doing so would prejudice a safeguarding matter or an awarding organisation investigation.

13.3 That person is given a reasonable opportunity to respond, may be accompanied at any interview, and is told the outcome in writing.

13.4 Interviews are recorded in writing, and the record is shown to the interviewee for confirmation.

13.5 The investigation proceeds without delay and does not wait on the outcome of any awarding organisation process, unless the awarding organisation directs otherwise.

13.6 The Investigation Manager produces a written report setting out the allegation, the evidence considered, the findings of fact, the conclusion, and any recommendation. The report goes to the person who appointed the Investigation Manager.

14. Use of artificial intelligence

14.1 Work submitted for assessment must be the candidate's own. The use of a generative artificial intelligence tool to produce work that is then presented as the candidate's own is malpractice, and is treated under this policy in the same way as any other form of plagiarism.

14.2 Candidates sign an authentication declaration for all non-examination assessment and coursework, and are briefed on what use of artificial intelligence is and is not permitted for the component concerned.

14.3 Staff must not enter confidential assessment material, live question paper content, candidate personal data or candidate work into any publicly available artificial intelligence tool.

15. Confidentiality and data protection

15.1 Information about an allegation is shared only with those who need it in order to discharge a function under this policy, with the awarding organisation, or where disclosure is required by law.

15.2 Personal data processed under this policy is handled in accordance with the UK GDPR, the Data Protection Act 2018 and the centre's Data Protection and Confidentiality Policy.

15.3 The fact that an allegation has been made is not disclosed to other candidates or to staff with no role in the matter.

16. Outcomes and sanctions

16.1 Sanctions against a candidate in respect of a qualification are imposed by the awarding organisation, not by the centre. The centre applies its own behaviour and conduct procedures only in respect of conduct at the centre.

16.2 Where an allegation against a member of staff is upheld, the matter is referred to the centre's disciplinary procedure. Referral to an awarding organisation and referral to the disciplinary procedure are separate processes and neither replaces the other.

16.3 Where a statutory referral duty is engaged, the centre makes that referral irrespective of the outcome of any internal or awarding organisation process.

17. Appeals

17.1 A candidate or member of staff may appeal against a decision taken by the centre under this policy. The appeal is made in writing within ten working days of being told the outcome.

17.2 The appeal is considered by a person who had no involvement in the original investigation or decision, appointed in accordance with clause 7.

17.3 Appeals against a decision taken by an awarding organisation are made to that organisation under its own appeals process, as set out in the centre's Internal Appeals Procedure and in the JCQ guide to the awarding bodies' appeals processes.

18. Learning and improvement

18.1 At the conclusion of every case, the Head of Centre — or the Proprietor, where clause 7.5 applied — considers what allowed the matter to arise and what change is required to prevent recurrence.

18.2 The conclusion of that review, and any resulting change to procedure, training or records, is written down and retained. It is produced to an inspector on request.

19. Associated documents

- Conflict of Interest Policy
- Examination Policy
- Exam Security Policy
- Exam Room Conduct and Invigilation Policy
- Candidate Identity Verification Procedure
- Access Arrangements and Reasonable Adjustments Policy
- Non-Examination Assessment, Coursework and Controlled Assessment Management Policy
- Exam Contingency and Emergency Evacuation Procedure
- Internal Appeals Procedure
- Whistleblowing Policy
- Data Protection and Confidentiality Policy
- Record Retention Policy
- Examinations Roles and Responsibilities Schedule

20. Monitoring and review

20.1 This policy is reviewed by the Head of Centre and approved by the Proprietor annually, in September, immediately following publication of the JCQ documents for the new academic year.

20.2 It is also reviewed following any case, any change to the regulations, and any change to the post-holders named at clause 6.1.

20.3 The Head of Centre reports annually to the Proprietor on the operation of this policy, including the number of cases, their outcomes, and any change made as a result.

21. Approval and review record

Version	Date	Owner	Approved by	Summary of change
1.0	21 Feb 2026	Examinations Officer	Examinations Officer	First issue. Withdrawn.

Version	Date	Owner	Approved by	Summary of change
1.0	01 Mar 2026	Head of Centre	Proprietor	Parallel procedures document (LMSC/MMP/01). Withdrawn.
2.0	01 Aug 2026	**Head of Centre**	**Proprietor**	**Consolidates both predecessors. Policy ownership and approval moved away from the Examinations Officer. New clause 7 establishing escalation and independence. JCQ forms and reporting timescales stated.**