



Policy	Malpractice and Maladministration policy
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Owned by	NEBDN Executive
Monitored by	Education and Standards Committee
Approved by	NEBDN Board on 18 th December 2024

Any reference in red italics refers to the Ofqual General Conditions of Recognition (GCOR)

Introduction

This policy is aimed at NEBDN's Providers and learners, who are delivering/registered on NEBDN approved qualifications or units within or outside the UK and who are involved in alleged malpractice/maladministration and to NEBDN staff or associates who are suspected of being involved in such cases. It is also for use by our NEBDN staff and other investigatory roles to ensure they deal with all malpractice and maladministration investigations in a consistent manner.

It sets out the steps to follow when reporting alleged cases of malpractice/maladministration such as academic misconduct and NEBDN's responsibilities in dealing with such cases. It also sets out the procedural steps NEBDN will follow when reviewing the cases.

Incidents of alleged malpractice and/or maladministration may be brought to the attention of NEBDN via various routes including but not limited to:

- Providers
- Learners
- Learners' Employers
- Whistle-blowers
- Regulatory authorities
- Other awarding organisations
- NEBDN Staff
- Board of Trustees

Regulatory Requirements and definitions

This policy meets the regulatory requirements set out by the Ofqual General Conditions of Recognition (August 2018):

Condition A8 Malpractice and maladministration

Preventing malpractice and maladministration

A8.1 An awarding organisation must take all reasonable steps to prevent the occurrence of any malpractice or maladministration in the development, delivery, and award of qualifications which it makes available or proposes to make available.



Investigating and managing the effect of malpractice and maladministration

A8.2 Where any such malpractice or maladministration is suspected by an awarding organisation or alleged by any other person, and where there are reasonable grounds for that suspicion or allegation, the awarding organisation must -

- (a) so far as possible, establish whether or not the malpractice or maladministration has occurred, and
- (b) promptly take all reasonable steps to prevent any Adverse Effect to which it may give rise and, where any such Adverse Effect occurs, mitigate it as far as possible and correct it.

Procedures relating to malpractice and maladministration.

A8.3 For the purposes of this condition, an awarding organisation must –

- (a) establish and maintain, and at all times comply with, up to date written procedures for the investigation of suspected or alleged malpractice or maladministration, and
- (b) ensure that such investigations are carried out rigorously, effectively, and by persons of appropriate competence who have no personal interest in their outcome.

A8.4 Where a Provider undertakes any part of the delivery of a qualification which an awarding organisation makes available, the awarding organisation must take all reasonable steps to keep under review the arrangements put in place by that Provider for preventing and investigating malpractice and maladministration.

A8.5 An awarding organisation must, following a request from such a Provider, provide guidance to the Provider as to how best to prevent, investigate, and deal with malpractice and maladministration.

A8.6 Where an awarding organisation establishes that any malpractice or maladministration has occurred in the development, delivery, or award of qualifications which it makes available, or proposes to make available, it must promptly take all reasonable steps to –

- (a) prevent that malpractice or maladministration from recurring, and
- (b) take action against those responsible which is proportionate to the gravity and scope of the occurrence or seek the cooperation of third parties in taking such action.

A8.7 Where an awarding organisation has any cause to believe that an occurrence of malpractice or maladministration, or any connected occurrence –

- (a) may affect a Provider undertaking any part of the delivery of a qualification which an awarding organisation makes available, it must inform that Provider, and
- (b) may affect another awarding organisation, it must inform that awarding organisation.”

The Awarding Organisation and its providers must develop and implement corrective action plans to prevent further occurrence.”



Definition of Malpractice

Malpractice is any activity or practice, which contravenes NEBDN regulations and compromises the integrity of the internal or external assessment process and/or the validity of the award of certificates. It covers any *failure to act appropriately*: actions, neglect, default, or other practice that compromises, or could compromise:

- the assessment processes.
- the end point assessment approach and/or delivery.
- the integrity of a regulated or unregulated qualification.
- the validity of a result or certificate.
- the reputation and credibility of NEBDN; or,
- the 'perceptions' of regulated qualifications for stakeholders.

Malpractice may include a range of issues from the failure to maintain appropriate records or systems to the deliberate falsification of records in order to claim certificates or gain Provider accreditation with NEBDN. For the purpose of this policy this term also covers any forms of discrimination or bias towards individuals or groups of learners.

Failure by the Provider to deal with an identified issue may in itself constitute malpractice.

Types of Malpractice:

Provider Malpractice

- Insecure storage of assessment materials and/or marking guidance.
- Misuse of assessments, including inappropriate adjustments to assessment decisions.
- Failure to comply with requirements for accurate and safe retention of Learner evidence, assessment, and internal verification records.
- Failure to comply with Awarding Organisation procedures for managing and transferring accurate Learner data.
- Deliberate falsification of records to claim certificates.
- Deliberate falsification of records or misuse of data to gain NEBDN Provider approval.

The above would normally be attributable to the failure of the systems and processes operated by the Provider, rather than the fault of individuals.

*Please note that this is not an exhaustive list. NEBDN reserves the right to apply this policy in any situation where there is deemed to be a risk to the integrity of an NEBDN qualification.

Provider Staff Malpractice

This means malpractice committed by a current (or former) member of staff (or contractor) at a NEBDN Provider. It can arise through, for example:

- A breach of security (e.g., failure to keep material secure, tampering with coursework etc.)



- Excessive direction from assessors to Learners (e.g., prompting Learners in assessments by means of signs or verbal or written prompts)
- A breach of confidentiality (e.g., failure to maintain confidentiality of assessment materials or personal data)
- Deception (e.g., manufacturing evidence of competence, fabricating assessment, or internal verification records)
- The provision of improper assistance to Learners (e.g., permitting the use of a reasonable adjustment over and above the extent permitted by NEBDN policy)
- Provision of inaccurate or misleading information by Provider staff about NEBDN qualifications
- Failure to adhere to regulations/NEBDN requirements as stated in the Standards for Accreditation.

*Please note that this is not an exhaustive list. NEBDN reserves the right to apply this policy in any situation where there is deemed to be a risk to the integrity of an NEBDN qualification.

Learner Malpractice

Malpractice by a Learner in internal or external assessment could occur in:

- portfolios of internal assessment evidence
- presentation of practical work
- preparation and authentication of RoE/RoC/Portfolio
- conduct during an internal assessment.
- conduct during an external assessment.

Examples of Learner malpractice could include:

- Plagiarism - failure to acknowledge sources properly and/or the submission of another person's work as if it were the Learner's own
- Collusion with others when an assessment must be completed by individual Learners and/or evidence must relate to that individual Learner.
- Copying from another Learner (including using ICT to do so)
- Impersonation - assuming the identity of another Learner or a Learner asking another person to assume their identity during an assessment.
- Inclusion of inappropriate, offensive, discriminatory, or obscene material in assessment evidence. This includes vulgarity and swearing that is outside of the context of the assessment, or any material of a discriminatory nature (including racism, sexism, and homophobia)
- Inappropriate behaviour during an internal assessment that causes disruption to others. This includes shouting and/or aggressive behaviour or language and having an unauthorised electronic device that causes a disturbance in the examination room face to face or virtual i.e., online.
- Frivolous content - producing content that is unrelated to the question in portfolios or examination assessments.



- The procurement of evidence from a third party which is submitted as the Learner's own work.

Irrespective of the underlying cause or the people involved, all allegations of malpractice in relation to delivery and assessment need to be investigated in order to protect the integrity of NEBDN qualifications and to be fair to Providers and all Learners.

*Please note that this is not an exhaustive list. NEBDN reserves the right to apply this policy in any situation where there is deemed to be a risk to the integrity of an NEBDN qualification.

Learners Malpractice in online assessments

Learners must be reminded that online assessments are subject to a range of continually evolving electronic and human checks to ensure that learner work is authentic and indicative of their own knowledge and experience; the GDC also requires appropriate ethical standards of dental professionals. Learners engaged in any form of cheating such as inappropriate communication or working with other Learners/individuals to benefit themselves could require disclosure to the GDC registration team or result in a Fitness to Practice issue, either at Provider or GDC level.

Learners' images, video and other personal data is captured and used by NEBDN for identification and investigation of suspicious behaviour. In addition, any images, video, or data showing criminal activity, indecent images or raising safeguarding issues may also be passed to regulators and or Law Enforcement Agencies (e.g., Police) as required and following NEBDN's Issues and Incidents Management Policy.

Definition of Maladministration

The term maladministration relates to any activity, neglect, default, or other practice by an NEBDN accredited Provider that results in the Provider or its Learners not complying with the specified requirements for delivery of the qualifications. It may involve some degree of incompetence or ineptitude or may simply be because of carelessness or inexperience. and includes the application of persistent mistakes or poor administration by a Provider (e.g., inappropriate learners' records) or on behalf of a Provider (e.g., Inappropriate invigilation of an assessments, incomplete assessments returned to NEBDN).

The following list gives some examples of the types of incidents that may occur:

Examples of maladministration may include the Provider:

- not submitting Learner work for marking or moderation within a reasonable timescale of that work being completed (and, where relevant, marked and internally verified)
- taking fees from individuals but not registering those individuals with NEBDN within 12 weeks (when the reasonable expectation and understanding of the individual was that this was to happen)
- providing incorrect or inaccurate information to Learners regarding the NEBDN qualification, progress within a qualification or similar
- incorrectly claiming a unit or qualification for a Learner
- knowingly presenting a Learner's work for assessment or moderation when it is not the work of that individual.



- presenting CVs of uncontracted staff during the Provider approval application process
- Failure to adhere to the requirements of our Reasonable Adjustments and or Extenuating Circumstances Policies
- Misuse of our logo and trademarks or misrepresentation of a Provider's relationship with NEBDN and/or its recognition and approval status with NEBDN.

*Please note that this is not an exhaustive list. NEBDN reserves the right to apply this policy in any situation where there is deemed to be a risk to the integrity of an NEBDN qualification.

Preventing and Dealing with Malpractice and Maladministration

NEBDN is responsible for:

- Taking all reasonable steps to prevent any malpractice or maladministration.
- Ensuring it has written up to date procedures in place for the investigation of suspected or alleged malpractice or maladministration.
- Carrying out or overseeing investigations of cases (or suspected cases) of malpractice/maladministration to establish whether it has occurred.
- Promptly taking all reasonable steps to prevent (or mitigate) any adverse effects arising from the malpractice/maladministration.
- Keeping under review the arrangements put in place by accredited Providers for preventing and investigating malpractice and maladministration.
- Providing guidance to accredited Providers as to how best to prevent, investigate, and deal with malpractice and maladministration.
- Taking steps to prevent any malpractice or maladministration from recurring.
- Taking appropriate and proportionate action against those who are responsible for the malpractice/maladministration.
- Applying appropriate sanctions in line with its published sanctions policy
- Informing accredited Providers and other Awarding Organisations and/or Bodies of the malpractice/maladministration, as appropriate
- Notifying regulators where there is the potential for an Adverse Effect or strong grounds for suspected malpractice and maladministration.
- Reporting the matter to the police, where they believe a criminal act has been committed (especially where the malpractice has led to fraud).
- Identifying suspected malpractice and maladministration and reporting this appropriately within organisational structured meetings, such as incident and issue panel meetings.

NEBDN Providers and approved staff are responsible for:

- Immediately notifying NEBDN of any incidents, or suspected incidents, of malpractice/maladministration as required by NEBDN's policies.
- Complying with NEBDN's malpractice procedures, including the reporting of such incidents through the malpractice and maladministration form.
- Logging the occurrence internally of malpractice and maladministration occurrences for open review during monitoring activities.
- Taking reasonable steps to prevent malpractice/ maladministration from arising.



- Advising Learners of the Provider and NEBDN's policy on malpractice/maladministration and the consequences of non-adherence during their induction
- Being vigilant to possible instances of malpractice and maladministration
- Assisting with any NEBDN requests for information
- Co-operating with NEBDN malpractice/maladministration investigations
- Carrying out investigations of malpractice under the guidance of NEBDN
- Implementing any actions required during and after investigation into a case of malpractice.
- Taking action as required to prevent the recurrence of malpractice/maladministration.

It is important that Provider staff involved in the management, assessment and quality assurance of the qualifications, and the learners, are fully aware of the contents of the policy and that the Provider has arrangements in place to prevent, investigate, and report instances of alleged malpractice and maladministration.

A failure to report suspected or actual malpractice/maladministration cases or have in place effective arrangements to prevent such cases, may lead to sanctions being imposed on Provider (see the NEBDN's Sanctions policy for details of the sanctions that may be imposed).

Advice and Guidance for Providers is provided by NEBDN regarding how to investigate and deal with malpractice and maladministration.

Provider compliance with this policy and how it takes reasonable steps to prevent and/or investigate instances of malpractice and maladministration will be reviewed by NEBDN periodically through ongoing monitoring arrangements.

Accountability

Trustees are accountable for:

- Ensuring regulatory requirements are adhered to.
- Agreeing strategies, receiving progress reports, reviewing performance and monitoring trends in relation to compliance within NEBDN to Ofqual General Conditions of Recognition

Education and Standards Committee are responsible for

- Monitoring incidents on behalf of the Board of Trustees
- Reporting to the Board of Trustees on the management of the impact of any malpractice and maladministration on NEBDN

The Chief Executive Officer (CEO) is responsible for:

- To research and implement appropriate policies and procedures.
- Ensure NEBDN is complying with all regulatory obligations,
- Assure the Board of regulatory compliance.

The Responsible Officer (RO) is responsible for:

- Representing NEBDN as a single point of regulatory contact



- Liaison with regulatory bodies (Ofqual and General Dental Council) on the identification, progress, and outcomes of investigations as appropriate.

The Director of Education and Regulation (DER) is responsible for:

Overseeing the Malpractice & Maladministration Management Procedure:

- Maintaining, applying, and reporting on the Malpractice & Maladministration Management Procedure.
- Compiling and submitting reports and maintaining records.
- Escalating issues of malpractice or maladministration which may require the removal of qualification/ Provider Staff approval.
- Effective and timely communication with learners and Providers in relation to malpractice or maladministration
- Reporting to SMT regarding suspicious activity for any online assessments; including notification of suspicions to Providers.
- Analysis of Exam performance data.
- Analysis of examination invigilation records and cheat detection data.
- Identification of suspicious learner behavior in written and OSCE assessments.
- Appropriate referring of cases and delegation to the Education and Regulation team for investigation by Providers in first instance.
- Liaison with regulatory bodies (Ofqual and General Dental Council) on the identification, progress, and outcomes of investigations as appropriate.

External Quality Manager is responsible for:

- Investigating incidences of suspected malpractice and maladministration identified in monitoring and moderation activities or from Provider notifications
- Reporting the investigation steps of malpractice or maladministration using the systems available, as outlined in the Governance Manual
- Escalating issues of malpractice or maladministration which may require the removal of qualification/ Provider Staff approval
- Communicating with learners and Providers in relation to malpractice or maladministration.
- Escalating issues of malpractice or maladministration within 24 hours of receipt to Director of Education and Regulation/Education and Regulation Lead
- Referring cases of malpractice and maladministration to the appropriate incident panels

The Assessment Integrity Advisor is responsible for:

- Analysis of exam performance data and identify trends
- Analysis of examination invigilation data
- Analysis of cheat detection data
- Investigating incidents of malpractice and maladministration in exams
- Escalating cases of malpractice or maladministration relating to external assessment to Education and Regulation Lead
- Referring cases of malpractice and maladministration to the appropriate incident panels



All NEBDN staff, External Examiners and volunteers are responsible for:

- Ensuring any information received which may refer to alleged malpractice and/or maladministration is brought to the attention of the External Quality Manager (Portfolio and Provider related) or the Assessment Integrity Advisor (External Assessments) immediately for investigation.

Review arrangements

NEBDN will review the policy annually as part of our annual self-evaluation arrangements and revise it as and when necessary, in response to Provider and learner feedback, changes in our practices, actions from the regulatory authorities or external agencies, changes in legislation, or trends identified from previous allegations.

In addition, this policy may be updated considering operational feedback to ensure NEBDN arrangements for dealing with alleged malpractice and maladministration remain effective.

Reporting suspected malpractice or maladministration

Providers

All NEBDN accredited Providers are required to adhere to set procedures in the management, delivery, assessment and awarding of NEBDN qualifications. Provider staff should be fully aware of the Provider's own procedures for preventing malpractice and maladministration. They should also be aware that they must report any such cases to NEBDN immediately. They should carry out an initial investigation and complete the Provider Malpractice and/or Maladministration Form, see appendix one (this form can be found within NEBDN's CRM system TheHub) and sent to NEBDN enclosing any supporting evidence within 5 working days of the notification, please see appendix 2.

On receipt of an allegation of suspected malpractice or maladministration at a Provider, NEBDN will apply an immediate Level 3 sanction in line with its Sanctions Policy to stop Learner registrations and certifications, where appropriate. This action is taken to prevent any possibility of an Adverse Effect and will remain in place until the outcome of the investigation is known.

Failure to report any such issues may result in further sanctions being applied in line with NEBDN's Sanctions Policy.

Guidance may be given to Providers on how to prevent, investigate or deal with any cases of suspected malpractice or maladministration (see the documents section within NEBDN's CRM system TheHub).



Staff or persons involved in the assessment, delivery and awarding of qualifications

Internal Verifiers, Markers, Quality Managers, Provider Staff or Learners who suspect cases of malpractice or maladministration should report their suspicions immediately to the External Quality Manager. This should be followed with a full written account and any supporting evidence within 5 working days.

Third Parties and Confidentiality

If a suspected case of malpractice or maladministration is brought to NEBDN's attention by a third party or 'whistleblower', NEBDN will take the below steps to establish the facts of the alleged case.

- This will be done in writing to the third-party seeking permission to use their name, to communicate the details of the allegation with the relevant Provider, and to find out whether the Provider's internal procedures have been exhausted.
- If the 'whistleblower' does not grant permission to use their name, and the allegation still merits investigation, NEBDN will advise the 'whistleblower' that the scope of the investigation may be impaired and that NEBDN will strive to preserve their anonymity in bringing the matter to the attention of the GDC Registrant responsible for the overall quality and delivery of the qualification at the Provider.

Where suspected malpractice/maladministration is brought to the attention of NEBDN verbally (e.g., by telephone) then NEBDN will request that the allegation is presented in writing to the External Quality Manager (including by email) before instigating a full investigation.

Where suspected malpractice/maladministration is brought to the attention of NEBDN by a member of Provider staff or a Learner, NEBDN will consider, if relevant, how best to protect the informant during and after any investigative activity.

NEBDN will always aim to keep a whistle-blower identity confidential were asked to do so although this cannot be guaranteed; we may need to disclose your identity should the complaint lead to issues that need to be taken forward by other parties. For example:

- the police, fraud prevention agencies or other law enforcement agencies (to investigate or prevent crime, including fraud)
- the courts (in connection with any court proceedings)
- other third parties such as the relevant regulatory authority (e.g., Ofqual in England).

Please see NEBDN's Whistleblowing Policy for further information.

Notifying the Regulators

The regulators are to be notified of an event in accordance with Condition B3, or as soon as possible thereafter i.e., GDC, Ofqual, ESFA or other Awarding Organisations as appropriate. The notification should be completed using an 'Event Notification' which should include information of any steps that have been taken, or intend to take, to prevent the event having an Adverse Effect or to correct or mitigate the Adverse Effect if it occurs (see appendix 2).



In cases where there is the potential for an Adverse Effect or strong grounds for suspected malpractice and maladministration (e.g., cases with alleged fraud or serious threat to the integrity of NEBDN qualifications or NEBDN as an organisation), NEBDN is required to inform the appropriate regulatory bodies immediately after this becomes apparent. NEBDN and the accredited Provider are required to co-operate in full, providing information and taking any appropriate action.

NEBDN Investigation

In clear cut cases of Malpractice or Maladministration, the investigation will be carried out in line with NEBDN's Incident and Issues Management Policy and Procedure by the External Quality Manager, who is independent of the normal day to day working relationship with the Provider and who is competent to do so. It will be conducted to a specified timescale. The timescale will depend on the scale of the case but will be as soon as is practically possible. An investigation, a report and a decision must all be made within 28 working days of receipt of the case information, please see appendix 2. Where circumstances dictate that the investigation is not able to be concluded within the 28 days, NEBDN will inform all parties and set out a timescale for the decision to be made.

In more complex cases it may be necessary for an identified member of staff at the Provider to carry out the initial investigations on behalf of NEBDN and to support NEBDN with any further action. The Provider will be given clear guidance to ensure they follow the same procedure.

In the event of any suspected or actual Malpractice or Maladministration issues being identified by the provider, they should conduct an initial investigation as per their Malpractice procedures and complete the appropriate form on the Hub to notify NEBDN. They must provide updates on the progress and outcome of the investigation. NEBDN will then act on the outcome in line with processes above.

Investigation Outcomes

Once the investigation (whether it be carried out by the Provider or by NEBDN) has been concluded the report will be considered by the External Quality Manager and/or Director of Education and Regulation (DER) and a decision made on any remedial or preventative actions to be taken, i.e. to lift any sanctions already in place, to carry on with them for a specified time or place additional sanctions/more severe sanctions on the Provider or individual

If the report confirms that malpractice or maladministration took place NEBDN will first, consider: -

- How to minimise any risk to the integrity of the certification now and in the future
- How to maintain public confidence in its delivery and awarding of qualifications
- How to ensure this same incident will not re-occur.

Actions they may take could include: -

- Specific actions within set timescales for the Provider to take to address the findings of this case.
- Additional visits to the Provider including spot checks.
- Additional training for Provider staff and/or removing specific staff from their role in delivery or assessment.
- Imposing sanctions



- Instigating a Provider Withdrawal process
- Taking action against Learners – for example if found guilty of plagiarism or fraud.
- Reviewing confidentiality and/or security arrangements
- Reviewing and amending NEBDN systems and procedures if required
- Expanding the original investigation to look at other NEBDN qualifications or Providers.
- Report the individual to the General Dental Council (GDC)

Outcomes on plagiarism and collusion cases are outlined within NEBDN's Plagiarism and Collusion Statement.

Appeals against Malpractice/Maladministration decisions

A Provider or individual has the right to appeal against any decision made following the outcome of an investigation relating to Malpractice/Maladministration.

The appeal will review that processes taken have been in accordance with the policy.

Please refer to the NEBDN Appeals Policy for more information.

Maintaining Records

All material collected during this process including the original information and any documents relating to the investigation will be kept secure on NEBDN's CRM TheHub in line with NEBDN's Information Management Policy.

If the outcome leads to invalid certificates, criminal or civil prosecution, materials will be held until such time as the case is completed and time allowed for any appeals to take place.

Alerting other awarding organisations and/or bodies

Regulations require that NEBDN notifies other Awarding Bodies of cases of malpractice/maladministration where these cases are likely to impact on the other Awarding Organisations and/or Bodies.

In dealing with cases of malpractice/maladministration NEBDN must pay due regard to this requirement and notify other Awarding Organisations and/or Bodies, as appropriate. This will usually be appropriate where:

- The Provider where the malpractice/maladministration has occurred (or is suspected) is also approved with another Awarding Organisation (for the same or different qualifications) and the (suspected) malpractice could potentially impact on the activities undertaken on behalf of that other Awarding Organisation
- The Provider where the malpractice/maladministration has occurred (or is suspected) is also approved with another Awarding Organisation for the same qualifications and there is the potential for the Provider to move their operations to the other Awarding Organisation to avoid sanctions and continue sub-standard practices.
- The Provider where the malpractice/maladministration has occurred (or is suspected) has indicated that they are seeking approval with another Awarding Organisation (for the same or different qualifications).



Monitoring and Review

Progress of all cases of suspected malpractice or maladministration will be monitored by the External Quality Manager and Director of Education and Regulation at the monthly meetings. Reports on progress will be provided to the Education and Standards Committee (ESC) for review.

All cases using this procedure will be reviewed annually to ensure the appropriateness and approach is fit for purpose as part of NEBDN's Quality Assurance Framework.

Reference Materials

The following documents should/may be used in conjunction with this procedure:

NEBDN Sanctions Policy

NEBDN Issues and Incidents Management Policy

NEBDN Complaints Policy

NEBDN Appeals Policy

Data Protection Act 2018, (GDPR (General Data Protection Regulation)) including any replacements or additions

NEBDN Provider Agreement

NEBDN Provider Welcome Pack

NEBDN Toolkit to support Providers with conducting interviews for Malpractice and Maladministration

NEBDN Toolkit for Incident Management and investigations

NEBDN Provider Investigation Report (Malpractice and Maladministration Templates) in TheHub

Ofqual General Conditions of Recognition (<http://ofqual.gov.uk/>)

General Dental Council – Standards for the Dental Team (www.gdc-uk.org)

Documents can be found at www.NEBDN.org

Questions

If employees or staff at Providers are in any doubt as to their responsibilities or if they have any questions about this policy, in the first instance, they should speak to their line manager, or a member of their Senior Management Team.



Appendices

Appendix One: Example Malpractice and/or Maladministration Form

F/NEBDN/1681 - A Test Course Provider allegation

Summary at 02/02/2023 10:50:15

Form type

Malpractice and/or Maladministration form

Who has control?

A Test Course Provider

Linked to centre

[A Test Course Provider](#)

Linked to product

[NEBDN Certificate in Orthodontic Dental Nursing \(Q000012\)](#)

SECTION: Allegation details

You should complete this form when you have identified and are undertaking an investigation into an actual or suspected case of malpractice or maladministration at your centre.

Name of person reporting incident

No answer provided.

Role of person reporting incident

No answer provided.



Contact details of person reporting incident
No answer provided.

Background and details to the allegation (eg how it was identified and/or brought to your attention and key dates/details).
No documents added.

Type of Malpractice allegation:

Type of Maladministration allegation:

Details of the allegation.
No documents added.

Details of the people involved in the alleged incident(s).
No documents added.

Details of any investigation you have carried out into the allegations. Providing details of the associated activities, findings and key dates.
No documents added.

Please provide details of those who undertook the investigation and their roles in the investigation and confirm if they had any personal interest or conflict of interest in the matter.
No documents added.

Please provide details of your role in the organisation and confirm if you have any personal interest or conflict of interest in the matter.
No documents added.

SECTION: NEBDN response

This section captures details of the initial response from NEBDN to the centre along with details of any additional information that is required by NEBDN to inform the investigation.

NEBDN response to the allegation(s)
No documents added.

Issues for the course provider to address (if appropriate)
No documents added.

Action(s) for the course provider (if appropriate)
No documents added.

If appropriate, and to protect the integrity of our qualifications, details of any sanctions/restrictions that will be placed on the centre whilst the matter is investigated
No documents added.

SECTION: Whistle-blower details and process

If the allegation was raised by or involved a whistleblower this section captures details of how we engaged with them on this matter.

Who is the whistle-blower (their name, role and contact details).
No documents added.

Views on the whistle-blower(s) (is there sufficient details to warrant an investigation and what may be their motive/personal interest)?
No documents added.

Has the whistle-blower(s) requested that we keep their details confidential and private?
No documents added.

Please provide details of whether we have outlined the possible implications of the allegation and investigation to the whistle-blower(s) (eg we will investigate the allegation and may be required to inform the regulators; we will not disclose to the whis
No documents added.

Provide details of any written statements provided by the whistleblower/source of the allegation - if they did not wish to make a written statement provide details of any summary statements provided by you as a way of a summary of their allegation and con
No documents added.

Provide details of any written evidence provided by the whistleblower(s).
No documents added.



Details of any interviews/discussions with the whistleblower/allegation source (if relevant).
No documents added.

Please provide details of any other/ongoing communications with the whistle-blower(s) of the allegation (if relevant) – including instances where we provided them with an update on the investigation and/or outcomes.
No documents added.

SECTION: Investigation brief

This section captures details of the investigation brief for the investigation team.

Views on the source of the allegation (eg is there sufficient details to warrant an investigation and what may be their motive/personal interest)?
No documents added.

If no investigation is to be undertaken in relation to the allegation please provide details to support this decision (eg insufficient evidence) and any future actions we may take (eg additional monitoring of the centre).
No documents added.

Name(s) of the investigating staff member(s) assigned to undertake the investigation – if we have decided to investigate the matter further.
No answer provided.

Date by which the investigation should be complete (within 1 month as per the policy)
No answer provided.

In relation to the staff allocated to undertake the investigation please confirm they are appropriate to do so and have no previous involvement or personal interest in the matter.
No documents added.

Please outline the terms of reference for the investigation and the brief for the member(s) of staff leading the investigation including details of scope of the investigation in terms of the centre(s); qualification(s); any certificates that have been awarded.
No documents added.

Please confirm the relevant regulatory requirement(s) and/or NEBDN requirement(s), which the centre(s) is possibly in breach of.
No documents added.

If due to the nature of the allegation the investigation is to be carried out jointly with another organisation (eg other AO's, Regulators or Funding organisations) then outline the roles and responsibilities of each organisation in particular who is lead
No documents added.

If the matter relates to learner malpractice please provide details of any investigation activities we have asked the centre to carry out. (Note the Centre or individual should not be asked to assist or lead the investigation if there is a suspicion or a
No documents added.

Who did we notify at the centre about the allegation and when?
No documents added.

Please confirm we informed the person(s) raising the allegation of our initial response (eg we are reviewing the allegation and/or investigating the matter) within 48 hours of us receiving the allegation (in accordance with our Malpractice and Maladministration)
No documents added.

Please confirm that we have provided the person(s) who raised the allegation with details of who they can contact within NEBDN in relation to this matter (eg to supply additional information or to seek updates on progress). In doing so provide details of
No documents added.

SECTION: Centre background

This section captures details of the investigation into the centre's track record and arrangements.

Provide an overview of the centre's delivery arrangements in relation to the qualification(s) under investigation. For example its delivery model and details of any external partners or satellite sites used in the delivery.
No documents added.

Are there any third party or sub-contracting arrangements at the centre that contributed to the incident? If so please expand accordingly.
No documents added.

How many times have the centre been monitored by NEBDN in relation to these qualifications (see next section for details on views of our judgments in relation to these visits)?
No documents added.



Re-attach here any current live actions the centre has and which directly or indirectly relate to the issue(s) under investigation.
No actions added.

Provide a summary view of the centre's track record in relation to 'actions'. For example the type of actions it tended to receive and/or its approach to addressing these.
No documents added.

Provide a summary of the current risk rating(s) for the centre that relate to the area(s) under investigation.
No documents added.

Provide a summary of the current compliance rating(s) for the centre that relate to the area(s) under investigation.
No documents added.

Provide an overview of any current sanctions in place on this centre and the associated rationale(s).
No documents added.

Provide a summary view of the centre's track record in relation to 'sanctions'. For example the type of sanctions it tended to receive and/or its approach to addressing these.
No documents added.

Have we ever received a 'notification' about this centre from another AO, regulator or other external party in relation to the centre or any of its partners, sites or staff? If so, provide details of the notification, the date of the notification and our
No documents added.

Based on the above findings are there any issues that would indicate our arrangements in relation to this centre were inappropriate or inadequate?
No documents added.

SECTION: Auditor background

This section captures details of the investigation into our centre monitoring arrangements and associated track record at the centre.

Provide details of the Auditor(s) assigned to the centre at present including the date(s) they were appointed to the centre.
No documents added.

If relevant, and we have changed the allocated Auditor(s) over the period under review as part of this investigation then provide details of the previous Auditor(s).
No documents added.

How many engagements were undertaken with the centre for the period under investigation – include visits, desk based reviews and non-quality assurance based visits.
No documents added.

Confirm you have reviewed the reports for the above engagements and in doing so highlight any issues with the report(s) contents and/or focus of the engagement(s).
No documents added.

If you have found any issues with the approach of the Auditor(s) or our quality assurance model in relation to this centre then provide details of any other centres you believe may have also been affected.
No documents added.

From your review of the above reports provide details of any strengths or weaknesses you have identified in relation to the approach of the relevant staff and our quality assurance arrangements with the centre. For example, had issues been previously identified?
No documents added.

SECTION: Commercial drivers

This section captures details of the investigation into our commercial arrangements and associated track-record at the centre to see if they contributed in some way to the situation (eg due to commercial pressures certain checks were omitted or information not considered).

Did sales/commercial decisions at NEBDN contribute in anyway to the malpractice incident or lack of robust monitoring/scrutiny (eg either at the centre recognition/qualification approval stage or once the centre started to deliver the qualification)?
No documents added.

If so, did this happen in relation to other centres as well (if it did provide details)?
No documents added.



SECTION: Qualification review

This section captures details of a review of the qualification(s) and associated arrangements to see if they contributed in some way to the incident (eg the assessment arrangements increased the likelihood of malpractice occurring).

Did the qualification's assessment design and/or delivery arrangements contribute to the incident occurring?

No documents added.

If so what aspect(s) contributed to the situation and why?

No documents added.

Has the same issue affected other centres/learners? If so provide details.

No documents added.

Was there any failings in our qualification development and/or assessment development arrangements (eg failings in our process, checks, etc)? If so provide details.

No documents added.

SECTION: Wider impact

This section captures details of the investigation into any possible wider impact from this case due. For example due to the nature of the qualification's design or assessment arrangements, or our quality assurance approach, other centres or learners may also be affected.

If due to the approach of our quality assurance staff or model, the qualification or assessment design and content, or commercial considerations it appears that other learners or centres may also be affected then provide details of the centres and learner

No documents added.

Provide details of your investigation into these course providers and candidates.

No documents added.

Provide details of your findings from this investigation into other centres and learners and your recommendations.

No documents added.

SECTION: Interviews (not including whistle-blowers)

This section captures details of any interviews undertaken as part of the investigation.

Confirm that we provided an opportunity to the person(s) under investigation to put their side to the allegation and/or to provide any information/details to us. If so provide and attach details of the correspondence and/or any other communications with

No documents added.

Provide details of any interviews with the person(s) under investigation (including details of any representatives they had in attendance).

No documents added.

Provide details of any staff interviewed during the investigation and attach details of the interview(s).

No documents added.

Provide details of any learners interviewed during the investigation and attach details of the interview(s).

No documents added.

Provide details of any other parties interviewed during the investigation and attach details of the interview(s).

No documents added.

Provide details of any parties that failed to cooperate during the investigation and the reasons for their lack of engagement.

No documents added.

Please confirm that relevant records of all interviews have been maintained and attached to this section of the form and that - where relevant - the parties involved have received copies of the interviews and/or confirmed the records are an accurate reflection

No documents added.

In relation to each interview please provide your view on how credible the statements and evidence were.

No documents added.

SECTION: Notification to other parties

This section captures details of any notifications/updates provided to other parties as part of the investigation and/or at the end of the



investigation.

If the centre works with other awarding organisations, provide details of who was notified, when and details of the communications. Please note we should only notify them under Condition A8.7 in relation to instances of malpractice (the Condition states:
No documents added.

Provide details of any communications to the regulators in relation to the investigation and its outcomes (eg our notification to them and subsequent correspondence and/or reporting).
No documents added.

If relevant, did we notify any funding bodies? If so provide details of who, when and their response?
No documents added.

If relevant, did we inform the GDC if there was, for example, a fitness to practice issue?

If relevant, did we notify any other parties (eg lawyers, law enforcement bodies, etc)? If so who, when and provide details of the notification and response?
No documents added.

SECTION: Findings from the internal investigation

This section captures details of the findings from the investigation we carried out.

If appropriate maladministration outcome.

If appropriate malpractice outcome.

Rationale in relation to the outcome.
No documents added.

If appropriate, details of the learners and/or results that may have been affected by incident and your recommendations on what actions are required to rectify the situation.
No documents added.

If appropriate, details of any other qualifications, centres and/or awards that may also be affected by the incident and/or where a similar incident could have occurred?
No documents added.

Please confirm the relevant regulatory requirement(s) and/or NEBDN requirement(s), which we are certain have been breached.
No documents added.

Did the centre have in place arrangements to prevent malpractice/maladministration?

Please expand on the above.
No documents added.

If the answer to above is "Yes", how effective were these? If the answer above is "No", what explanation did the centre give as to why they did not have arrangements in place?
No documents added.

If appropriate, provide details of any sanctions you recommend should be applied and provide a rationale for this decision.
No documents added.

If appropriate, please tick to indicate any other/specific actions that should be undertaken:

Please expand on the above recommendation(s).
No documents added.

SECTION: Removal of results/achievements/certificates

This section contains details of any results/achievements/certifications that need to be revoked/recalled and the reasons for this course of action.

Details of any results/achievements/certificates that need to be removed due to the incident and the reasons for this course of action. In doing so please ensure a clear justification for each decision.
No documents added.

Please provide any additional information to consider in relation to the above decision.
No documents added.



SECTION: Review of the investigation findings

This section captures details of the internal review by management of the investigation findings and recommendations.

If the outcome was the confirmation of Malpractice and/or Maladministration please provide details of the checks we have carried out in relation to the evidence and investigation to ensure the process and findings were robust and would stand up to scrutiny
No documents added.

Provide clear details of why we believe the evidence is appropriate to justify the proposed decision and outcome?
No documents added.

Please tick each option to indicate, if we think there is sufficient evidence to implicate an individual/centre in malpractice/maladministration, that we have:

Please expand on the above if relevant (eg key communications/considerations).
No documents added.

Confirm you are content with the wider impact review and the findings from this investigation and the actions being taking forward (eg the impact on other centres and learners are being taken forward by a separate investigation).
No documents added.

Did an adverse effect occur? If so provide detail of the correspondence with the regulators on this matter and any subsequent actions we have/need to undertake.
No documents added.

Details of the people involved in the final decision(s).
No documents added.

Date of final decision.
No answer provided.

SECTION: Investigation outcomes

This section captures details of the allegation and associated investigation activities. However, please note we may not disclose details of all of the investigation activities or the outcomes of the investigation due to confidentiality or legal reasons and as outlined in our Malpractice and Maladministration Policy.

SECTION: Centre response

This section captures details of the centre's response to the investigation's findings.

Centre response.
No documents added.

Details of measures the centre will implement to prevent reoccurrence of Malpractice/Maladministration.
No documents added.

SECTION: Lessons learnt

This section captures details of the internal lessons learnt from dealing with this allegation in order to help us prevent a similar incident from occurring.

If the allegation was upheld what aspect of our processes failed and contributed to the incident in the first place?
No documents added.

Did the qualification's assessment design and/or delivery arrangements contribute to the incident occurring? If so provide details and the steps we need to take to address the failing.
No documents added.

Were there any failings in our standard centre monitoring/qualification delivery arrangements? If so provide details.
No documents added.



were our investigation arrangements appropriate or could they be improved:
No documents added.

What lessons have we identified in relation to how we communicate the allegation/outcomes to external bodies (eg centres, regulators, AO's, funding bodies, etc)?
No documents added.

What lessons have we learnt in relation to mitigating and managing the effects and/or impact of the malpractice/maladministration?
No documents added.

What lessons have we learnt with regard to dealing with whistleblowers?
No documents added.

What lessons have we learnt with regard to taking actions against centres, centre staff and/or learners (ie those responsible for the malpractice/maladministration)?
No documents added.

What improvements, if any, do we need to make to our guidance to centres in order to help reduce the risk of the malpractice or maladministration from reoccurring?
No documents added.

What improvements, if any, do we need to make to our quality assurance arrangements in order to help reduce the risk of the malpractice or maladministration from reoccurring? For example, a different emphasis in visits, a different approach to EV trainin
No documents added.

Was the malpractice/maladministration related issue identified on our risk register and if not what actions do we need to take to strengthen these arrangements?
No documents added.

What other lessons have we learnt from this incident and the actions we need to implement to prevent similar incidents from reoccurring?
No documents added.

End of form