The Grey Coat Hospital

# Photography Policy

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| **POLICY NAME:** | Photography Policy |
| **GOV COMMITTEE:** | Personnel Committee |
| **LAST POLICY REVIEW DATE:** | May 2024 |
| **POLICY REVIEW SCHEDULE:** | 3 Years |

**Purpose of the policy**

To confirm how The Grey Coat Hospital manages malpractice under normal delivery arrangements in accordance with the Regulations.

To confirm that The Grey Coat Hospital has in place a written malpractice policy which covers all qualifications delivered by the centre and details how candidates are informed and advised to avoid committing malpractice in examinations/assessments, how suspected malpractice issues should be escalated within the centre and reported to the relevant awarding body (GR 5.3)

This policy is reviewed and updated annually to ensure that any malpractice at The Grey Coat Hospital is managed in accordance with current requirements and regulations. Reference in the policy to GR and SMPP relate to relevant sections of the current JCQ publications General Regulations for Approved Centres and Suspected Malpractice: Policies and Procedures.

**General principles**

In accordance with the regulations The Grey Coat Hospital will:

- Take all reasonable steps to prevent the occurrence of any malpractice (which includes maladministration) before, during and after examinations have taken place (GR 5.11)
- Inform the awarding body immediately of any alleged, suspected or actual incidents of malpractice or maladministration, involving a candidate or a member of staff, by completing the appropriate documentation (GR 5.11)
- As required by an awarding body, gather evidence of any instances of alleged or suspected malpractice (which includes maladministration) in accordance with the JCQ publication Suspected Malpractice - Policies and Procedures and provide such information and advice as the awarding body may reasonably require (GR 5.11)

**Introduction - What are "malpractice" and "maladministration"?**

'Malpractice' and 'maladministration' are related concepts, the common theme of which is that they involve a failure to follow the rules of an examination or assessment. This policy/procedure uses the word 'malpractice' to cover both 'malpractice' and 'maladministration' and it means any act, default or practice which is:

• a breach of the Regulations

• a breach of awarding body requirements regarding how a qualification should be delivered

• a failure to follow established procedures in relation to a qualification

which:

• gives rise to prejudice to candidates

• compromises public confidence in qualifications compromises, attempts to compromise or may compromise the process of assessment, the integrity of any qualification or the validity of a result or certificate

• damages the authority, reputation or credibility of any awarding body or centre or any officer, employee or agent of any awarding body or centre (SMPP 1)

**Candidate malpractice**

'Candidate malpractice' means malpractice by a candidate in connection with any examination or assessment, including the preparation and authentication of any controlled assessments, coursework or non-examination assessments, the presentation of any practical work, the compilation of portfolios of assessment evidence and the writing of any examination paper (SMPP 2)

**Centre staff malpractice**

'Centre staff malpractice' means malpractice committed by: a member of staff, contractor (whether employed under a contract of employment or a contract for services) or a volunteer at a centre;

or

an individual appointed in another capacity by a centre such as an invigilator, a Communication Professional, a Language Modifier, a practical assistant, a prompter, a reader or a scribe (SMPP 2)

**Suspected malpractice**

For the purposes of this document, suspected malpractice means all alleged or suspected incidents of malpractice. (SMPP 2)

**Preventing malpractice**

The Grey Coat Hospital has in place robust processes to prevent and identify malpractice, as outlined in section 3 of the JCQ publication Suspected Malpractice: Policies and Procedures. (SMPP 4.3)

This includes ensuring that all staff involved in the delivery of assessments and examinations understand the requirements for conducting these as specified in the following JCQ documents and any further awarding body guidance:

*General Regulations for Approved Centres 2023-2024; Instructions for conducting examinations (ICE) 2023-2024; Instructions for conducting coursework 2023-2024; Instructions for conducting non-examination assessments 2023-2024; Access Arrangements and Reasonable Adjustments 2023-2024; A guide to the special consideration process 2023-2024; Suspected Malpractice: Policies and Procedures 2023- 2024; Plagiarism in Assessments; AI Use in Assessments: Protecting the Integrity of Qualifications; A guide to the awarding bodies' appeals processes 2023-2024 (SMPP 3.3.1)*

**Informing and advising candidates**

Students will be reminded about accidental or intentional AI misuse via assemblies and during the coursework window, before signing candidate declaration forms. Students will be given time in supervised conditions so the teacher can authenticate each student's whole work with confidence.

**Identification and reporting of malpractice**

Once suspected malpractice is identified, any member of staff at the centre can report it using the appropriate channels (SMPP 4.3)

The Head of Centre has the responsibility for ensuring that students do not submit inauthentic work and will ensure that teaching staff are aware of the appropriate channels for reporting suspected malpractice.

**Reporting suspected malpractice to the awarding body**

The Head of Centre will notify the appropriate awarding body immediately of all alleged, suspected or actual incidents of malpractice, using the appropriate forms, and will conduct any investigation and gathering of information in accordance with the requirements of the JCQ publication Suspected Malpractice: Policies and Procedures (SMPP 4.1.3)

The Head of Centre will ensure that where a candidate who is a child/vulnerable adult is the subject of a malpractice investigation, the candidate's parent/carer/ appropriate adult is kept informed of the progress of the investigation (SMPP 4.1.3)

Form JCQ/M1 will be used to notify an awarding body of an incident of candidate malpractice. Form JCQ/M2 will be used to notify an awarding body of an incident of suspected staff malpractice/maladministration (SMPP 4.4, 4.6)

Malpractice by a candidate discovered in a controlled assessment, coursework or non- examination assessment component prior to the candidate signing the declaration of authentication need not be reported to the awarding body but will be dealt with in accordance with the centre's internal procedures. The only exception to this is where the awarding body's confidential assessment material has potentially been breached. The breach will be reported to the awarding body immediately (SMPP 4.5)

If, in the view of the investigator, there is sufficient evidence to implicate an individual in malpractice, that individual (a candidate or a member of staff) will be informed of the rights of accused individuals (SMPP 5.33)

Once the information gathering has concluded, the Head of Centre (or other appointed information gatherer) will submit a written report summarising the information obtained and actions taken to the

relevant awarding body, accompanied by the information obtained during the course of their enquiries (5.35)
Form JCQ/M1 will be used when reporting candidate cases; for centre staff, form JCQ/M3 will be used (SMPP 5.37)

The awarding body will decide on the basis of the report, and any supporting documentation, whether there is evidence of malpractice and if any further investigation is required. The head of centre will be informed accordingly (SMPP 5.40)

**Communicating malpractice decisions**

Once a decision has been made, it will be communicated in writing to the Head of Centre as soon as possible. The Head of Centre will communicate the decision to the individual(s) concerned and pass on details of any sanctions and action in cases where this is indicated. The Head of Centre will also inform the individual(s) if they have the right to appeal. (SMPP 11.1)

**Appeals against decisions made in cases of malpractice**

The Grey Coat Hospital will:
Provide the individual with information on the process and timeframe for submitting an appeal, where relevant.

Refer to further information and follow the process provided in the JCQ publication A guide to the awarding bodies' appeals processes