The CPL Institute

Academic Integrity and Assessment Malpractice Policy and Procedures

Applies to QQI, PHECC, IOSH, IHF and CPL Institute assessment activity

Document Control

Document Type	Policy and Procedure	**Document Number**	Academic Integrity Policy
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Owner / Group	Quality & Compliance, The CPL Institute	**Status**	Draft for Review
Applies To	QQI, PHECC, IOSH, IHF and CPL Institute learners, instructors, assessors and administrators	**Next Review Date**	16/07/2027
Prepared By	Quality and Compliance Manager	**Approved By**	Associate Director

Record of Reviews / Amendments

Date	Version	Status	Summary of Amendment
31/01/2026	4.0	Approved / Previous Version	Existing CPL Institute Academic Integrity Policy covering academic misconduct, plagiarism, learner declarations, assessment security and suspected academic misconduct.
16/07/2026	5.0	Reviewed and updated	Reformatted and expanded to apply across QQI, PHECC, IOSH, IHF and CPL Institute assessment activity. Added clearer controls for AI use, evidence authenticity, online/proctored assessment, practical skills evidence, accreditation body differences, investigation stages, sanctions, appeals, records and reporting to IV, EA, RAP, course monitoring and QIP.

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1. Purpose

The purpose of this policy and procedure is to define how The CPL Institute promotes academic integrity and prevents, identifies, investigates and records academic misconduct across all accredited and internally certified provision. It supports fair, valid, reliable, secure and consistent assessment decisions for QQI, PHECC, IOSH, IHF and CPL Institute courses.

The policy updates and replaces the previous Academic Integrity Policy Version 4.0 dated 31 January 2026 and aligns the existing controls with recent changes to online submission, Airtable assessment records, SharePoint storage, proctored online assessment, learner declarations and AI-related assessment risk.

2. Scope

This policy applies to all learners, instructors, assessors, tutors, internal verifiers, external authenticators, monitors, training administrators, managers and contracted personnel involved in assessment or learner evidence for:

- QQI Level 4 to Level 6 programmes and awards;
- PHECC and IHF responder, instructor and related practical assessment activity;
- IOSH approved courses and associated assessment activity;
- CPL Institute in-house certification and non-accredited course assessments where learner evidence or competence decisions are recorded;
- all delivery modes, including in-person, client-site, blended, fully online synchronous, eLearning-supported and online assessment routes.

This policy covers written assignments, projects, portfolios, learner records, examination papers, online examinations, quizzes, skills demonstrations, videos, practical assessment checklists, oral questioning, reflective records, RPL evidence and any other evidence used to make an assessment or certification decision.

3. Policy Statement

The CPL Institute requires all learner assessment evidence to be authentic, attributable to the learner, produced under the stated assessment conditions and submitted in line with the relevant course and accreditation body requirements.

Academic misconduct is any action, attempted action or omission that gives a learner an improper advantage in assessment, undermines the validity of assessment, disadvantages another learner, misrepresents evidence or compromises the security of assessment materials, results or records.

Academic misconduct may be intentional or unintentional. Learners remain responsible for ensuring that their work is their own, that sources are acknowledged, that permitted support is declared and that AI tools are used only where expressly allowed by the assessment instructions.

The CPL Institute will investigate suspected academic misconduct fairly and proportionately. Outcomes may range from guidance and resubmission to a zero mark, refusal of certification, removal from the course, reporting through quality assurance processes or other action required by the awarding or accreditation body.

4. Accreditation Body Alignment

This policy is written as a common organisational policy, but the accreditation body rules for each course must always be followed. Where an accreditation body requires a stricter process, the stricter requirement applies.

Accreditation body / provision	Main integrity focus	CPL Institute control
QQI	Authentic learner evidence, academic integrity, assessment security, valid marking, IV, EA, RAP, appeals and certification integrity.	Learner declaration, assessment brief instructions, AI-use rules, Airtable/SharePoint audit trail, assessor review, IV, EA sample access, RAP review and appeals process.
PHECC	Secure use of PHECC assessment material, practical skills integrity, learner identity, instructor competence, equipment readiness, assessment records and certification decisions.	Use of approved PHECC materials, skills checklists, secure exam handling, proctored or supervised assessment where required, equipment/venue checks, monitored delivery and PHECC portal/faculty controls.
IOSH	Integrity of IOSH approved course delivery, trainer competence, approved course materials, assessment conduct and certification records.	Only approved trainers, approved IOSH course packs/materials, assessment conducted under stated conditions, records retained, irregularities escalated and certification withheld where integrity is not assured.
IHF	Integrity of approved resuscitation training, practical skills assessment, equipment suitability and instructor certification.	Approved IHF/PHECC-aligned materials, appropriate equipment, skills observation, learner identity and valid instructor status.
CPL Institute certification	Integrity of internally certified training and competence decisions.	Controlled course materials, attendance and assessment records, learner feedback, instructor feedback, complaints route and QMS corrective action.

5. Definitions

Term	Meaning
Academic integrity	Honest, ethical and responsible completion of learning and assessment, including proper acknowledgement of sources and compliance with assessment conditions.
Academic misconduct	Any action or omission that gives, or could give, an improper assessment advantage or compromises the validity, fairness, security or authenticity of assessment.
Plagiarism	Presenting another person's ideas, words, work, data, design, practical evidence or output as the learner's own without appropriate acknowledgement.
Contract cheating	Using another person, company, website or service to produce assessment evidence on behalf of the learner.
Collusion	Unauthorised collaboration where learners submit work that should have been completed individually.
Impersonation	A person pretending to be the learner in any learning, attendance, online assessment, examination or skills demonstration setting.
Fabrication or falsification	Making up or altering evidence, records, references, data, work experience, certificates, attendance, assessment evidence or practical skills records.
Unauthorised AI use	Using AI tools, including generative AI, translation, paraphrasing or answer-generation tools, where this is prohibited or not properly acknowledged.
Assessment security breach	Unauthorised access, disclosure, alteration, loss, early release or misuse of assessment materials, model answers, marking schemes, learner evidence, results or records.

6. Roles and Responsibilities

Role	Responsibility
Associate Director	Provides senior accountability for academic integrity, regulatory compliance, resources and escalation where misconduct or security issues present organisational risk.
Quality and Compliance Manager	Owns this policy, ensures alignment with accreditation body requirements, monitors misconduct trends, supports investigations, records QIP actions and ensures corrective actions are completed.
Training Manager	Leads investigations, decides immediate containment actions, communicates with learners, confirms outcomes and determines

Role	Responsibility
	whether assessment, certification, IV, EA, RAP or accreditation body escalation is required.
Training Administrator	Maintains learner records, submission records, Airtable records, SharePoint evidence folders, communication records, extension records and investigation files under restricted access.
Instructor / Assessor / Tutor	Explains academic integrity requirements, uses approved assessment materials, identifies concerns, preserves evidence, reports suspected misconduct, completes marking records and does not make unsupported accusations to learners.
Internal Verifier / External Authenticator / Monitor	Reviews whether procedures were followed, checks evidence availability and may identify integrity concerns, sample extensions, marking anomalies or assessment security issues.
Results Approval Panel / Examination Board	Reviews integrity issues affecting results, confirms whether results may be released or withheld and records actions before certification.
Learner	Completes their own work, follows assessment conditions, acknowledges sources and permitted AI use, submits declarations, retains copies of work where practicable and engages with investigation or appeal processes.

7. Principles

Fairness: all concerns are handled consistently, objectively and with an opportunity for the learner to respond.

Proportionality: the action taken will reflect the seriousness, evidence, impact, learner history and accreditation body requirements.

Evidence-based decisions: decisions must be based on records, learner evidence, assessment conditions, communication records and professional judgement.

Assessment validity: where integrity cannot be confirmed, certification must not proceed until the issue is resolved.

Confidentiality: allegations, evidence and outcomes are shared only with those who need the information for their role.

Continuous improvement: trends are reviewed through QIP, course monitoring, programme review, management review and instructor support processes.

8. Learner Information, Declaration and Referencing

Learners must be informed of academic integrity expectations before assessment. This may be through the learner handbook, course joining instructions, assessment brief, course induction,

online platform instructions, examination rules, skills demonstration briefing or direct instructor guidance.

All learner-facing assessment instructions must explain, where applicable:

that the learner must submit their own work;
whether collaboration is allowed or prohibited;
how sources must be referenced or acknowledged;
whether AI use is prohibited, limited or permitted with acknowledgement;
the declaration or authorship confirmation required at submission;
the assessment submission method and deadline;
the consequences of academic misconduct or non-engagement with an investigation.

For QQI unsupervised assignments, projects, portfolios and learner records, the learner must confirm authorship by signed declaration, electronic signature or mandatory submission tick-box. A general statement in the learner handbook is not sufficient on its own unless there is also evidence that the learner accepted the declaration at the point of submission.

9. Artificial Intelligence Controls

The CPL Institute recognises that AI tools may create risks to assessment authenticity. AI tools include text generators, paraphrasing tools, image generators, coding tools, answer generators, grammar rewriting tools and translation tools where they materially change learner evidence.

Assessment briefs must state the AI position for the assessment. The default position is that AI may not be used to produce assessment evidence unless the assessment brief expressly permits it.

AI status	When used	Required learner action
Not permitted	Most QQI, PHECC, IOSH or skills-based assessment where the learner must demonstrate their own knowledge, judgement or competence.	Learner must not use AI to generate, rewrite or answer the assessment. Suspected use is managed as potential misconduct.
Limited support permitted	Where the brief permits basic support such as spelling, grammar or formatting assistance and the learner remains the author.	Learner must ensure the final work is their own and must acknowledge any material assistance if required.
Permitted with acknowledgement	Where the assessment is designed to allow AI use, for example as a workplace tool or reflective discussion of AI use.	Learner must explain what was used, how it was used and how the final submission demonstrates their own learning.

10. Assessment Security and Integrity Controls

Assessment integrity depends on controlling assessment materials, learner identity, assessment conditions, learner evidence and result records. Security controls must be proportionate to the assessment type and accreditation body requirements.

Assessment briefs, examination papers, model answers, marking schemes and assessor-only guidance are controlled documents.
Assessor-only materials must not be stored in learner-accessible folders or shared by uncontrolled email unless approved by the Training Manager.
Examination papers are issued only through approved routes as specified in the assessment security policy and must remain secure before, during and after the assessment.
Online examinations must be supervised or proctored where required. Learners must keep cameras on where this is part of the assessment condition.
Skills demonstrations may be observed live, recorded or evidenced through approved checklists or videos where required. Learner identity must be clear.
PHECC and IHF practical assessment must use approved materials, appropriate equipment, correct ratios and controlled records.
IOSH assessments must use approved IOSH materials and be conducted by approved trainers under the stated assessment conditions.
QQI learner evidence must be available for IV, EA, RAP, appeals and certification checks through controlled SharePoint or Airtable records.
Assessment security incidents must be escalated immediately to the Training Manager and Quality and Compliance Manager.

11. Misconduct Categories and Examples

The following examples are not exhaustive. The Training Manager may treat any behavior that undermines assessment fairness, evidence authenticity or security as potential academic misconduct.

Category	Examples
Plagiarism	Copying from another learner, website, book, manual, AI tool or other source without acknowledgement.
Contract cheating	Buying, commissioning or asking another person to produce assessment work.
Unauthorised collaboration	Submitting group work as individual work or sharing answers during an individual task.
Exam cheating	Using notes, phones, wearable devices, websites, AI tools, messages, screenshots or other unauthorised support during an examination.
Impersonation	Another person attending, logging in, completing an assessment, speaking during an online assessment or demonstrating skills on behalf of the learner.
Falsification	Altering certificates, attendance, employer verification, work samples, RPL evidence, results, practical evidence or learner records.

Category	Examples
Practical skills misconduct	Misrepresenting practical competence, staging evidence, using another learner's video or failing to follow required safety or clinical practice requirements.
Assessment security breach	Accessing, copying, photographing, distributing or using exam papers, answers, marking schemes or assessment materials without authorisation.
Non-engagement with investigation	Refusing to provide evidence, attend a meeting, respond to a concern or comply with a reasonable investigation request.

12. Procedure for Suspected Academic Misconduct

Suspected academic misconduct may be identified by an instructor, assessor, administrator, internal verifier, external authenticator, monitor, learner, client or accreditation body. Concerns must be handled calmly, confidentially and without prejudging the outcome.

Identify and preserve evidence. The person identifying the concern must preserve the original submission, assessment record, upload trail, video, exam script, messages, screenshots, similarity notes, AI concern notes, attendance record or other relevant evidence.

Report the concern. The concern must be reported to the Training Manager. Serious concerns must also be copied to the Quality and Compliance Manager.

Initial review. The Training Manager completes an initial review to decide whether there is no concern, a minor clarification issue, a potential misconduct case, an assessment security incident or a data protection/security incident.

Contain risk. Where required, results or certification are paused, assessment links are disabled, access is removed, assessment papers are withdrawn, or a new assessment version is issued.

Notify the learner. Where a case proceeds, the learner is informed in writing of the concern, the assessment affected, the evidence being reviewed, the possible outcomes and their opportunity to respond.

Learner response. The learner is given a fair opportunity to explain, provide evidence or attend a meeting. A meeting may be held online or in person and a record must be maintained.

Evidence review. The Training Manager, with a subject matter expert or Quality Manager where required, reviews the evidence against the assessment conditions and accreditation body requirements.

Decision. The decision is recorded as no case to answer, poor academic practice, academic misconduct, serious academic misconduct, assessment security breach or other quality issue.

Outcome communication. The learner is informed in writing of the decision, reasons, outcome, any action required and the appeal route.

QA reporting. Where the issue affects assessment results, certification, IV, EA, RAP, PHECC/IHF records, IOSH certification or QIP, the relevant process is updated before certification is completed.

13. Outcomes and Sanctions

Outcomes must be proportionate and must take account of the evidence, learner experience, assessment type, level, value of assessment, previous history, accreditation body requirements and whether the integrity of the assessment decision can be restored.

No case to answer and assessment proceeds as normal;
academic guidance and warning, with or without resubmission;
resubmission or repeat assessment under controlled conditions;
mark cap or mark adjustment where permitted by the assessment rules;
zero mark or unsuccessful result for the assessment;
re-examination or review of all assessment submissions in the cohort where wider risk is identified;
result withheld pending further review, IV, EA, RAP or awarding body decision;
removal from the course or refusal of certification in serious or repeated cases;
recording on the learner file and escalation to QIP, complaints, appeals, data protection or safeguarding processes where relevant.

Where two or more learners submit identical or substantially similar work, all affected learners must be reviewed. If one learner accepts responsibility for copying from another, the innocent learner's work may be marked as normal where the evidence supports this decision.

14. Appeals

A learner may appeal an academic misconduct decision or assessment outcome where they believe the process was not followed, evidence was not considered, the outcome was disproportionate or there is another valid ground for appeal.

For QQI assessment appeals, learners must have a minimum of 14 calendar days from the issue of the relevant decision or approved result to lodge an appeal. Where an accreditation body specifies a different or longer timeframe, that requirement applies. Appeals are managed in line with the Learner Issues, Complaints, Rechecks and Appeals procedure and the relevant assessment procedures.

The appeal reviewer must not be the original decision-maker where this is practicable. New assessment evidence is not normally accepted at appeal unless the appeal concerns process error, access to evidence, reasonable accommodation, technical incident or another procedural issue.

15. Records, Reporting and Quality Improvement

Academic integrity records are confidential quality and learner records. They must be stored securely and retained in line with the Assessment Records and Secure Storage Policy and applicable accreditation body requirements.

Records may include the original assessment evidence, allegation record, communication with learner, meeting notes, evidence review, decision, outcome letter, appeal record, IV/EA/RAP notes and corrective actions.

QQI cases affecting results must be available to IV, EA and RAP where relevant.

PHECC, IHF and IOSH cases affecting certification must be escalated in line with course and accreditation body requirements.

Trends must be reviewed through programme review, course monitoring, instructor feedback, learner feedback, QIP and management review.

Where assessment design or instructions contributed to misconduct risk, the assessment must be reviewed under the Assessment Development, Strategy and Approval Policy.

16. Communication, Training and Review

The CPL Institute will make academic integrity expectations available to learners and instructors through the learner handbook, instructor induction, assessment briefs, course induction and relevant policy documents. Instructors and assessors must be trained or briefed on academic integrity, AI controls, assessment security, learner declaration, online assessment conditions and escalation of suspected misconduct.

This policy is reviewed annually, or earlier following changes to QQI, PHECC, IOSH or IHF requirements, assessment delivery methods, AI risks, security incidents, appeals, audit findings or significant QIP actions.

Appendix A - Learner Declaration Wording

The following short declaration may be used for Airtable submission, online forms or learner-facing submission records:

I confirm this submission is my own work. I have not copied, used unauthorised help, submitted another person's work, or used AI unless allowed and acknowledged. I understand misconduct will be investigated.

For practical skills or video evidence, the learner may also be required to identify themselves at the start of the recording and confirm that the evidence is their own demonstration.

Appendix B - Academic Misconduct Investigation Checklist

Check item	Completed / N/A	Notes / evidence location
Concern logged and original evidence preserved		
Training Manager notified		
Quality and Compliance Manager notified where required		
Result/certification paused where required		
Learner notified in writing		
Learner response received or meeting held		
Assessment conditions and brief reviewed		

Check item	Completed / N/A	Notes / evidence location
AI/plagiarism/security evidence reviewed		
Subject matter expert consulted if required		
Decision recorded with reasons		
Outcome issued to learner		
Appeal route communicated		
IV/EA/RAP/accreditation body informed where required		
Corrective action/QIP opened where required		
Records saved securely		

Appendix C - Accreditation Body Control Matrix

Area	QQI	PHECC / IHF	IOSH
Learner identity	Declaration, submission records, attendance, online controls where required.	Instructor verifies learner identity and practical skills evidence; video/skills evidence must clearly identify learner where required.	Trainer confirms learner participation and assessment records.
Assessment materials	Controlled briefs, exams, rubrics, model answers and assessor guidance.	PHECC/IHF approved materials and assessment records kept secure.	IOSH approved materials and assessments used only as authorised.
Evidence authenticity	Declaration, assessor review, IV, EA and RAP checks.	Skills observation/checklists, approved assessments, practical evidence and instructor controls.	Trainer assessment conduct and certification integrity records.
Online assessment	Secure links, camera-on/proctoring where required, technical incidents recorded.	Online delivery/assessment only where permitted and supervised as required.	Online or remote assessment only where approved by IOSH course requirements.
Misconduct reporting	Escalate to Training Manager, IV/EA/RAP where results affected.	Escalate to Training Manager and manage in line with PHECC/IHF course requirements.	Escalate to Training Manager and withhold certification where integrity cannot be assured.
Records	SharePoint, Airtable, ARLO and QBS records controlled.	PHECC/IHF faculty, assessment, equipment and certification records controlled.	IOSH trainer, assessment and certification records controlled.

Appendix D - Abbreviations

The abbreviations below are used in this policy and related CPL Institute assessment and quality assurance procedures.

Abbreviation	Full term	Meaning / use in this policy
AI	Artificial Intelligence	Tools or systems that generate, rewrite, translate, summarise or otherwise support assessment evidence.
ARLO	ARLO course management system	System used to manage course bookings, learner registrations, communications and course records.
CPD	Continuing Professional Development	Ongoing training and development required for instructors, assessors and relevant staff.
CPL Institute	CPL Learning and Development Limited trading as The CPL Institute	The training provider responsible for the policy and related procedures.
EA	External Authenticator	Independent external quality assurance role used for QQI assessment authentication.
GDPR	General Data Protection Regulation	Data protection framework governing the handling of personal data and assessment records.
IHF	Irish Heart Foundation	Accreditation body for approved resuscitation and related training provision.
IOSH	Institution of Occupational Safety and Health	Accreditation body for approved health and safety training courses.
IV	Internal Verification / Internal Verifier	Internal quality assurance process or role checking assessment records, results and procedure compliance.
PHECC	Pre-Hospital Emergency Care Council	Statutory body and accreditation body for pre-hospital emergency care education and training.
QBS	QQI Business System	QQI system used for learner certification and related submission processes.
QIP	Quality Improvement Plan	Action plan used to record, monitor and close improvement actions.
QMS	Quality Management System	The CPL Institute documented system for quality assurance and continuous improvement.

QQI	Quality and Qualifications Ireland	Awarding body for QQI Level 4 to Level 6 programmes and awards delivered by The CPL Institute.
RAP	Results Approval Panel	Governance process for approving assessment results before release and certification.
RPL	Recognition of Prior Learning	Process for recognising relevant certified, uncertified or experiential learning.
SME	Subject Matter Expert	Person with relevant technical or professional expertise who may support assessment or misconduct review.

Signed: 

Derek Donohoe
Associate Director

Date: 16th July 2026