Code of Ethics and Professional Conduct

A23

GC Academy Limited

Ethical conduct impartial decisions and conflicts of interest

Revision date 9 September 2026

Institutional approval pending

This Code defines the conduct expected of GC Academy staff, students and affiliates in teaching, assessment, research, administration and digital services. It protects academic freedom and respectful participation, explains how concerns receive impartial consideration and sets controls for personal, professional and supplier-related interests.

Contents and document control

Document responsibility

The Head of Institution owns this Code. The Head of Quality Assurance Office coordinates its records, dissemination and annual review. The QA and Curriculum Committee reviews proposed changes; Academic Board approves academic provisions. Corporate, staffing and contractual provisions follow the competent authority and recorded delegation in A16.

Revision date: 9 September 2026. Review frequency: annually and after a material ethical, institutional or digital-service change. The approval record establishes the effective date and the responsible approving bodies. The earlier Code's effective date does not approve this revision.

Approval reference and date: _____

Effective date and next review: _____

Scope and accompanying procedures

This Code covers staff, students, governance members and affiliates acting for or with the Academy, including partner-supplied educators and technical contributors within their agreed responsibilities. A1 governs academic appeals, A2 complaints and grievances, A4 academic misconduct, A6 equality and diversity, and A22 staff rights and responsibilities. A16 and A17 allocate decision-making authority; A18 and the assessment rubrics govern assessment design and evidence.

The original sections 1 to 8 are retained below. The reporting, case-decision and supplier-conflict provisions make their application explicit. Before the relevant activity begins, responsible officers confirm the approved procedures, independent decision-makers, staff preparation and functioning contact arrangements. Actual appointments and completed records are documented separately.

Academic freedom and integrity

1 Introduction

GC Academy is committed to ethical conduct, academic freedom and institutional integrity. All members act honestly, fairly and accountably in teaching, learning, research, assessment, professional evaluation, administration and governance. The Code supports mutual respect and transparent decisions in a digitally enabled educational environment.

The Code retains as guiding references the European Code of Conduct for Research Integrity (ALLEA), the UNESCO Recommendation on Open Science (2021) and the applicable ethical integrity requirements of MFHEA. These principles inform institutional practice and review.

2 Academic freedom and ethical integrity

Tutors and students are free to inquire, research and express ideas, and to critique, discuss and debate within respectful academic discourse. Academic judgement is based on evidence and the approved educational requirements. Commercial interests, a partner relationship or a disagreement with institutional policy do not justify improper influence over teaching, marking or a case decision.

Staff and students respect others' freedom to contribute and do not intimidate, exclude or retaliate against a person for a good-faith concern or academic disagreement. Academic freedom carries responsibility for accuracy, proper attribution, professional conduct and respect for the rights of others.

3 Academic honesty and misconduct

Plagiarism, cheating, fabrication, falsification of data, impersonation and unauthorised collaboration are prohibited. Students and staff acknowledge sources and contributions accurately. An individual assessment requires attributable individual work. Approved group work follows the brief's contribution and evidence requirements; a common product or peer rating alone does not establish each student's attainment.

The existing AI and Generative AI Guidance for Staff and Students applies with the approved assessment brief. The brief states whether AI use is permitted, restricted or prohibited and the required declaration. Where permitted assistance is used, identify the tool, purpose, extent and affected work; verify content and sources and accept responsibility for the submission. The declaration in the combined Assessment Rubrics for Assignments and Case Studies applies where required by the brief.

Unauthorised or deceptive AI use is considered under A4. A similarity percentage, AI score or other automated flag does not establish misconduct or trigger an automatic penalty. The assessor reviews the actual work and applicable instructions and refers a substantiated concern for the impartial process in section 7. A finding requires consideration of the evidence and the person's response.

Academic integrity concerns receive documented investigation, a fair opportunity to be heard, a reasoned decision, proportionate authorised sanctions and independent appeal. Assessment marks and misconduct decisions retain their distinct evidence and decision records.

Research ethics and conflicts of interest

4 Research ethics

Staff and students undertaking research, including programme assignments and the Final Project, follow appropriate research ethics. Obtain informed consent where human participants are involved, protect privacy, secure personal or sensitive information, attribute authorship and contributions accurately and record methods and findings honestly. Participation must not be coerced through teaching, assessment or employment authority.

Research involving human participants, such as interviews or surveys, requires written ethical clearance before recruitment or data collection. The Head of Institution coordinates referral to the Internal Ethics Committee named in this Code. Before that function is used, Academic Board confirms and records its remit, competent membership, independence and decision arrangements. If suitable review cannot be provided internally, independent external expertise is secured before the activity proceeds.

The review considers the proposed activity, consent information, participant risks, confidentiality, data access and storage, and any relevant power relationship. The researcher or supervisor does not approve their own proposal. Record the decision, reasons, conditions and any required changes; material changes return for review. Ethical clearance is distinct from assessment marking and the misconduct Panels in section 7.

5 Conflicts of interest

Staff, leaders and governance members disclose actual, potential or reasonably perceived personal, professional or financial interests that could affect impartiality. This includes teaching, marking, supervision, recruitment, performance evaluation, procurement, partnership decisions and QA. Declare interests on appointment, annually, when circumstances change and before a relevant agenda item or decision.

Relevant interests include employment by a supplier or partner, paid consultancy, ownership or financial interests, close personal relationships, gifts or benefits capable of influencing judgement, and prior participation in a case. A dual role or declaration is not by itself evidence of misconduct. Failure to disclose a relevant interest is considered through the applicable conduct procedure.

Submit the declaration to the Head of Quality Assurance Office and the relevant unconflicted chair or appointing authority. The record identifies the person and role, interest and related organisation, affected duty or decision, date and any changed circumstances. Confidential details are limited to those needed to assess and manage the interest.

The unconflicted chair or competent authority records the restriction, recusal, replacement or independent review required. A person does not approve the handling of their own conflict. Where the chair is affected, an unconflicted deputy or member acts; use independent external expertise if internal separation is insufficient. A conflicted QA coordinator is replaced through the higher unconflicted authority.

Minutes or decision records show who withdrew from discussion or voting, the remaining competent voters, quorum, reasons and the authorised substitute. Disclosure alone does not resolve a conflict. Review the arrangement when duties or circumstances change and retain evidence that the agreed restriction was applied.

Supplier independence and inclusion

5 Continued Supplier related dual roles

The CTO's continuous leadership of LMS development, including improvements informed by learner feedback, supports technical continuity. GC Academy's ownership of the source code supports its control over development. The independent review requirements below support these strengths and protect institutional decisions.

Where the CTO or another institutional contributor is employed by VTL Design or another supplier, the relationship is declared and assessed under section 5. The person can supply technical evidence, explain the work and propose improvements. They do not decide the institutional acceptance of their own supplier work, approve their own unresolved conflict or act as the sole approver of the supplier's performance.

The Director of Operations (CEO), or another authorised unconflicted institutional decision-maker, reviews supplier performance, completed work, scope, expenditure and corrective action. The Head of Institution confirms educational suitability. QA checks that the evidence, decision, escalation and follow-up are recorded independently of the supplier's delivery role. If the usual approver is conflicted, the Board of Directors arranges an unconflicted substitute within the applicable authority.

The record links the declared relationship, actual contract and agreed service requirements, technical report, independent review, acceptance or required correction, responsible owner and due date. Monthly technical monitoring and material incidents feed the Annual QA Calendar and A14. The reviewer verifies completion and the effect of corrective action; a technical report alone is not institutional acceptance.

Service-level, access, support or recovery changes require actual agreement and authorised approval. This Code does not amend the VTL agreement, create new supplier guarantees or require replacement of the technical lead. Source-code ownership does not remove the need to manage access, documentation, continuity or supplier-related interests.

6 Anti discrimination and inclusion

GC Academy prohibits discrimination, harassment, bullying, intimidation and exclusion, including verbal, digital and physical misconduct. Everyone is treated with dignity regardless of race, ethnicity, gender, age, disability, religion, sexual orientation or nationality. Academic elitism or behaviour that marginalises students or staff is inconsistent with this Code.

The existing A6 Equal Opportunity and Diversity Statement supports these requirements. Educator onboarding and continuing development under A7 and A21 include inclusive pedagogy and ethical digital practice. Responsible staff record actual preparation and follow up gaps before the affected duties begin. Support and reasonable adjustments are agreed for individual needs through the applicable procedures without changing the assessed learning outcomes.

Students and staff can raise concerns confidentially and obtain the support or representation available under the applicable procedure. Good-faith reporting is protected from retaliation. A concern that is not upheld is not, for that reason alone, a malicious complaint. Allegations of deliberate falsehood or harassment receive their own fair consideration; an allegation does not automatically establish a breach.

Reporting and impartial case decisions

7 Oversight review and enforcement

The Head of Institution ensures that the procedure is followed and authorised decisions are implemented. The Head does not act as sole investigator and final decision-maker. The QA and Curriculum Committee oversees ethical practice and systemic improvement; confidential case findings belong to the competent impartial body.

7 1 Receipt and initial review

A report identifies the concern, relevant people, dates, activity and available evidence. The Head of Quality Assurance Office registers it confidentially, checks completeness, admissibility and conflicts, identifies the applicable procedure and records the timetable. A missing detail is clarified where possible; any decision not to proceed is reasoned and communicated with the applicable review route.

Academic misconduct follows A4 and the Academic Integrity Panel in A16/A17. General complaints follow A2. Other formal ethical concerns follow the impartial arrangements on the next page. Where one report raises more than one issue, QA explains and coordinates the routes without merging their powers or imposing inconsistent findings.

The person concerned receives written notice of the allegation, the applicable rules and relevant evidence, with a reasonable opportunity to respond, submit evidence and request a meeting. Access protects third-party confidentiality while providing sufficient information to answer the allegation. Record any necessary temporary protective arrangement separately from a final finding or sanction.

7 2 Academic Integrity Panel

A tutor, assessor or authorised staff member undertakes preliminary academic review and makes a documented referral when a reasonable concern remains. The referrer supplies the brief, work, relevant reports and specific concern; they do not determine responsibility or sanction. QA coordinates the process and records as a non-voting procedural adviser.

Unconflicted Academic Board members appoint three independent academic voters, including a senior academic chair. No voter has taught or assessed the work, made the referral, advised on its merits or otherwise compromised impartiality. Independent external academics are used where internal independence or expertise is insufficient. This Academic Integrity Panel provides the first-instance academic integrity and ethics consideration for cases under A4.

All three voters participate. The Panel considers the work, applicable instructions, evidence and response and decides by majority. Its written record identifies evidence accepted or rejected, findings, reasons and any proportionate sanction authorised under A4. Consider the nature, extent and seriousness of a substantiated breach and relevant previous findings; no new penalty is created by this Code.

The chair communicates the decision, reasons, implementation instructions and appeal route and deadline. The Head of Institution implements the outcome without substituting a personal finding. The Board of Examiners applies authorised outcomes when validating results and does not replace the Panel. A conflicted administrator or implementer is replaced; the substitute cannot direct the finding.

Independent appeals and other ethical cases

7 3 Academic misconduct appeals

An appeal is submitted within ten working days of notification and goes directly to the formal Appeals Panel under A1. It is not returned to the original tutor for informal resolution. Other academic appeals and general complaints retain their applicable A1 and A2 routes.

Unconflicted Academic Board members appoint three independent voters, including a senior academic chair and sufficient academic expertise. No original assessor, referrer, first-instance panel member or person involved in the first-instance decision or its implementation decides the appeal. Procedural support is independent of advice on the merits at first instance. Use external members where separation requires it.

Student representation is included only where appropriate, competent and compatible with confidentiality and independence. An appeal is not withheld because no student representative is available. All three voters participate and decide by majority.

Permitted grounds include material procedural irregularity, bias or conflict, relevant new evidence that could not reasonably have been provided earlier, a finding not reasonably supported by the evidence, or a materially disproportionate sanction. The appellant identifies the grounds and remedy sought.

The Panel can uphold the decision, vary a sanction within the policy, set the decision aside or remit the matter to a differently constituted Panel. The written outcome gives reasons and required action within fifteen working days of receipt. Exceptional delay is explained with a revised expected date. The original decision-maker cannot veto the independent outcome.

7 4 Other ethical concerns and senior office holders

For a formal ethical concern outside A4, the Head of Quality Assurance Office identifies the applicable complaint, staff or contractual procedure and records the competent authority. The Board of Directors, through unconflicted members, appoints an impartial case-specific ethics panel where formal ethical findings are required. Its written remit identifies competence, independent membership, evidence, decision rules, reporting and the separate review route before consideration begins.

A complaint under A2 retains its documented receipt, investigation, outcome and independent review arrangements. Any related disciplinary action follows the applicable staff or contractual procedure and authorised decision-maker; the ethics panel does not acquire an unrecorded employment or corporate power. The person receives the allegation, evidence, opportunity to respond and reasoned outcome, including available review grounds, deadline and contact route.

Where an allegation concerns the Head of Institution or another senior office-holder, it is referred directly to unconflicted Board members for independent panel appointment and replacement of affected oversight or administration. The person concerned takes no part in selecting or directing their investigator, panel or reviewer. External members are used where internal independence or competence is insufficient.

A reviewer of an ethical finding or related sanction has no prior involvement in the disputed investigation or decision. The appointing authority records the independent route and communicates it with the outcome. Appeals against academic misconduct remain with the A1 Appeals Panel; an ethics inquiry does not remove that right.

Review publication and reporting contacts

7 5 Records and annual review

QA retains the report, initial review, applicable procedure, declarations and recusals, appointments, notices, evidence, responses, hearing record, findings, reasons, sanctions, notification, appeal and implementation record with controlled access. Student records follow A25; staff and supplier records follow the relevant institutional retention and access arrangements. Only authorised participants receive identifiable case material.

The QA and Curriculum Committee and Academic Board receive anonymised trends, consistency issues, timeframes and preventive recommendations. They do not reopen an individual decision outside its independent appeal route. Annual review considers integrity and AI issues, inclusion, conflict management, supplier oversight, policy access and training needs, including relevant staff, student and external feedback when available.

Actions record the finding, evidence, owner, due date and expected result in the Quality Enhancement Log. QA checks completion and effectiveness. Material problems are escalated promptly to the competent unconflicted authority. The Code is reviewed annually and when legal, pedagogical, technological or institutional changes require revision.

8 Availability and integration

Before enrolment, the Academy publishes the current approved Code through a direct public website link and makes it available in the applicable staff and student guidance and LMS induction materials. The responsible officer checks that the complete version, revision status, reporting contact and related procedures are accessible. Confidential declarations and case records are not published with the Code.

Staff acknowledge the applicable Code and conduct policies at appointment and induction, including A7/A21 preparation before relevant duties. From the first enrolment, students open and acknowledge the applicable documents before completing the relevant LMS induction stage. Record the person, version and acknowledgement date and address missing completion. Acknowledgement does not waive privacy, response or appeal rights.

Publication, actual acknowledgement and completed training are recorded when they occur. The pre-operational programme does not generate student case or assessment evidence before those activities exist. Genuine staff preparation and conflict declarations can be recorded before programme commencement.

Contact and reporting

Reporting contact: reporting@globalconnect.academy. Procedural coordination: Head of Quality Assurance Office. Policy oversight: QA and Curriculum Committee. The reporting contact is retained from the existing Code; the Head of Institution confirms authorised monitoring, confidential access, cover and escalation before release.

If the concern involves the QA contact, the Head of Institution receives it; if the Head or another senior office-holder is involved, unconflicted Board of Directors members receive it. Current direct institutional contacts for these alternative routes are communicated with the Code and induction information. A person need not submit a concern through the individual complained about.

Before implementation, align A1, A4, A16, A17, the existing AI guidance and staff/student information with these roles and rights. Record the actual approval, effective date and publication, and retain superseded versions under document control. The existing general Ethics Policy on a website does not replace access to the complete Code.