REDDUNE TRAINING CETNER

INTERNAL QUALITY ASSURANCE POLICY

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RED DUNE

Internal Quality Assurance Policy

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Contents

1. Introduction / Purpose

The Internal Quality Assurance (IQA) Policy sets out how Red Dune Training Centre safeguards the integrity of teaching, assessment, and certification across all programmes we deliver in Saudi Arabia. Its purpose is to ensure that every learner experience is consistent, fair, valid, and reliable; that decisions are transparent and evidence-based; and that our processes remain compliant with Technical and Vocational Training Corporation (TVTC) requirements and the expectations of international HSE awarding bodies.

This policy also supports our management system commitments under ISO 9001 (quality management), ISO 14001 (environmental management), and ISO 45001 (occupational health and safety). In practice, the IQA framework provides planned monitoring, sampling, and review of assessment and delivery; maintains secure control of documents and records; and drives corrective and preventive actions through a Plan-Do-Check-Act cycle.

Specifically, the IQA aims to:
• verify that assessment instruments are fit for purpose and aligned to current learning outcomes and industry standards;
• check that assessor decisions are consistent and standardised across cohorts and sites;
• uphold examination security and data protection;
• ensure reasonable adjustments and special considerations are applied appropriately and fairly;
• gather and act on learner, employer, and stakeholder feedback;
• prepare the Centre for external quality assurance by awarding bodies and TVTC.

The policy applies to all staff involved in design, delivery, assessment, verification, administration, and support, including contractors and trainers. Responsibilities are defined for the Head of Centre, Quality Lead/IQA, assessors, tutors, administrators, and invigilators. Compliance with this policy is a condition of employment and engagement.

Outcomes of IQA activity are reported termly and annually, informing staff CPD, resource planning, risk registers, and continuous improvement plans, so that Red Dune consistently delivers competent, safe, and environmentally responsible training and assessment.

2. Scope

This Internal Quality Assurance (IQA) Policy applies to all teaching, learning, assessment, and certification activities delivered by Red Dune Training Centre (Saudi Arabia) across all programmed—international HSE qualifications, TVTC-approved courses, short courses, blended and e-learning modules, and any bespoke training delivered to clients. It covers every delivery location (on-site, off-site, employer premises, and online), all cohorts, and all assessment methods (theory, practical, invigilated exams, workplace evidence, projects, and simulations).

The policy applies to all personnel involved in the learner journey: Head of Centre, Centre Manager, Quality Lead/IQA, assessors/tutors, internal verifiers, invigilators/proctors, administrators, admissions, exams officers, HSE officers, and any contracted or visiting staff. It equally applies to partner organizations, subject-matter experts, and suppliers whose services may affect quality, assessment integrity, data protection, environment, and OH&S performance.

Processes within scope include: curriculum planning; assessor/IV allocation; standardization; sampling and observation; feedback and action tracking; assessment security and malpractice prevention; appeals and complaints handling; certification claim checking; records and document control; data analysis and reporting; risk assessment for assessment activities; and CPD for all relevant staff. The scope extends to the selection, maintenance, and calibration of learning/assessment resources and facilities.

The policy is aligned with applicable awarding-body requirements and TVTC quality expectations, and integrates ISO 9001 (quality management), ISO 14001 (environmental management), and ISO 45001 (OH&S management) principles to ensure consistent, compliant, safe, and environmentally responsible operations. It also covers business continuity of assessment and examinations, accessibility and reasonable adjustments, equal opportunities, and safeguarding within the training and assessment context. All outputs, records, and evidence generated under this policy are controlled per Red Dune's Document Control and Records Retention procedures.

3. Organization / Structure

To define a clear, competency-based structure for Internal Quality Assurance (IQA) at Red Dune Training Centre (Saudi Arabia), ensuring impartial assessment decisions and compliant operations aligned with TVTC expectations and ISO 9001 (competence, control of documented information), ISO 14001/45001 (operational controls, risk), and international HSE awarding-body requirements.

Reporting Lines (high level)
Head of Centre → Quality Lead/IQA → Assessors/Tutors (functional) → Admin & Office Coordination (support) → Finance (independent oversight). The HSE Officer has an advisory line to the Head of Centre and functional support to all roles for HS&E controls in assessments.

Roles & Responsibilities

1) Head of Centre (HoC)

- Owns the IQA policy, approves the Annual Quality Plan, chairs Quality Review Meetings, signs off assessment outcomes where required.
- Ensures adequate resources, impartiality, and conflict-of-interest controls (ISO 9001).
- Receives audit and external verifier (EV) reports; authorises corrective and preventive actions (CAPA).

2) Lead Tutor

- Leads curriculum planning, delivery models, and assessment briefs; ensures alignment to qualification specifications and TVTC guidance.
- Supports standardisation events and implements assessment improvements agreed with IQA.

3) Quality Lead/IQA

- Designs the sampling strategy (pre-, in-, post-assessment), conducts assessor observations, reviews evidence, and confirms decisions or requests re-marking.
- Maintains action trackers, risk register, and standardization minutes; coordinates EV/TVTC visits; reports KPIs to HoC (ISO 9001 clause 9).

4) Assessors

- Plan, conduct, and record assessments fairly and consistently; provide timely feedback and maintain secure evidence trails.
- Participate in standardisation and respond to IQA feedback; declare conflicts of interest.

5) Finance

- Independently oversees fee, refund, and certification payment processes; safeguards against undue influence on academic decisions.
- Supports external audits with financial records relevant to certification integrity.

6) Admin

- Controls document versions, learner records, registration/certification forms, and assessment packs; ensures only current templates are issued (ISO 9001 documented information).
- Prepares packs for IQA sampling and EV visits; protects data confidentiality.

7) Office Coordinator

- Coordinates timetables, rooms, invigilation rosters, and visitor logistics; ensures readiness of facilities and equipment.
- Captures learner feedback and routes it to IQA for analysis.

8) HSE Officer

- Embeds HS&E controls into practical assessments, inductions, and emergency arrangements; records incidents/near misses and advises on corrective actions (ISO 14001/45001).
- Reviews environmental aspects (e.g., waste from practicals) and OH&S risks before each assessment cycle.

Segregation & Competence

- IQA is independent from final marking; no role verifies their own work.
- All roles maintain CPD; competence and training needs are reviewed annually and after audits or incidents.

4. Internal Quality Assurance Mechanisms

To make sure every assessment and learning activity at Red Dune Training Centre is valid, fair, consistent, and safe—and that our outcomes stand up to scrutiny from awarding bodies and national authorities. This section explains how we plan, carry out, check, and improve quality in a simple, repeatable way across all HSE programmes we deliver in Saudi Arabia.

Ownership and Roles

- **Head of Centre (HoC):** owns IQA, signs off plans, resources, and improvement actions.
- **Quality Lead/IQA Coordinator:** designs the IQA plan, leads sampling and standardisation, monitors risks, and reports findings.
- **Assessors/Tutors:** apply agreed assessment methods, keep records, action feedback, and maintain CPD.
- **Administrators:** control documents, track versions, and maintain secure registers and archives.
- **HSE Officer:** ensures learning and assessment environments meet health, safety, and environmental controls, especially for practical activities.

Risk-Based IQA Planning
Each delivery is risk assessed before it begins. We look at assessor experience, new or high-stakes qualifications, changes to syllabuses, new venues, previous findings, and learner profiles. Higher risk equals deeper sampling, more observations, and tighter checkpoints. The result is a termly **IQA Plan** that specifies: cohorts, assessors, instruments, sampling proportions, observation dates, and evidence due.

Standardisation and Calibration
Before teaching starts, we hold a **standardisation meeting** to align everyone on assessment aims, criteria, marking tolerance, and examples of acceptable evidence. We review current guidance, rubrics, and exemplars, including any updates from awarding bodies or national regulators. After the first batch of marking, we reconvene to analyse sample scripts, check consistency, and adjust guidance if needed. Minutes and actions are filed as controlled records.

Assessor Observation and Support
Each assessor is observed at least once per cycle. The IQA uses a structured checklist to review session planning, delivery, inclusivity, questioning, safety controls, and assessment judgements. Feedback is immediate and developmental, with clear actions and timeframes. Where variance is found, we increase sampling and provide coaching or co-marking until the risk reduces.

Sampling of Assessment Decisions
We use a **multi-point sampling model**:

- **Pre-assessment** (check instruments, clarity, reasonable adjustments, and security).
- **In-flight** (sample partially completed work to catch issues early).

- **Post-assessment** (verify marking accuracy, internal moderation notes, and evidence sufficiency).
  Sampling is proportionate to risk, includes borderline and high-impact decisions, and ensures coverage across assessors, units, and evidence types. All sampling outcomes are recorded with decisions, rationales, and actions.

Assessment Security and Integrity
We control versioning of papers, access permissions, printing and storage, invigilation rosters, and identity checks. Practical assessments follow documented safety briefings and permit-to-assess protocols where relevant. We keep a **Security Log** of paper movements, incidents, and corrective actions. Suspected malpractice or maladministration is escalated immediately using our dedicated procedure.

Reasonable Adjustments and Special Considerations
Requests are considered case-by-case to ensure fairness without compromising competence standards. Decisions are documented (request, evidence, decision, controls) and shared on a need-to-know basis. Any special consideration after assessment is processed through the Appeals and Results Review routes.

Learner Voice and Stakeholder Input
After assessments, we collect feedback from learners and, where relevant, employers/clients. Quick pulse checks during delivery help identify issues early (e.g., unclear instructions, access barriers, or resource gaps). The IQA triangulates this input with sampling findings to spot trends and inform improvements.

Data and KPIs
We track: first-time pass rates, resit rates, appeal rates and outcomes, assessment turnaround times, sampling compliance, external action points, incidents/near misses during practicals, and CAPA closure on time. Termly reports go to the Centre Manager and HoC. Adverse trends trigger root-cause analysis and targeted actions.

Corrective and Preventive Action (CAPA)
Findings are logged with a clear owner, due date, and verification method. Typical actions include assessor standardisation refreshers, instrument redesign, changes to guidance, or additional learner briefings. We verify effectiveness at the next sampling point and close actions only when evidence shows the issue is resolved.

Internal Audits and Management Review
At least once per year, an internal audit checks that IQA processes are being followed, that records are accurate and secure, and that improvement actions are working. Results feed the **Management Review**, which confirms resources, approves policy updates, and sets objectives for the next cycle.

Records and Document Control
All IQA records—plans, minutes, sampling sheets, observation forms, moderation notes, feedback, and action logs—are controlled documents. We maintain version codes, retention periods, and access rules. Only current forms are used; obsolete versions are withdrawn and watermarked.

Competence and CPD
Assessors and IQA staff keep active CPD that mixes technical HSE updates, assessment practice, and local regulatory knowledge. CPD logs must show impact on practice (what changed and why). The IQA reviews logs during observation feedback and at annual appraisal.

Continuous Improvement
We apply a simple PDCA cycle: plan (IQA plan), do (deliver and sample), check (analyse evidence and feedback), act (improve). This keeps our assessments credible, consistent, and learner-centred, while ensuring we meet national and international expectations without unnecessary complexity.

5. Assessment Document / Record Checking

To ensure every assessment document and record produced by Red Dune Training Centre is authentic, accurate, complete, secure, and retrievable, supporting fair results and regulatory compliance.

Scope
Covers all assessment instruments and outcomes: briefs, papers, practical checklists, invigilation logs, attendance, assessor feedback, marks, IQA sampling sheets, standardization minutes, appeals, malpractice forms, and certification requests.

Process

1. **Pre-issue control:** only approved templates are released; obsolete versions are withdrawn.
2. **Receipt check:** upon submission, Admin verifies identity, completeness, signatures, dates, and pagination; discrepancies are logged and returned for correction.
3. **Technical check:** the IQA reviews a representative sample for marking consistency, arithmetic accuracy, application of rubrics, and conflict-of-interest declarations.
4. **Standardization linkage:** where variances appear, the IQA triggers rapid standardization; assessors amend records and annotate reasons.
5. **Security and data:** exam materials and personal data are stored in restricted locations; movements are logged; access is role-based.
6. **Environmental and OH&S considerations:** practical assessment records must note controls used, hazards observed, and any incident/near-miss reports.
7. **Results release:** no results move to certification until all checks are complete and the IQA signs off.

Nonconformity and corrective action
All errors (e.g., missing pages, wrong totals, late submissions) are recorded with owner and due date. Recurrent issues trigger root-cause analysis, retraining, or instrument redesign.

6. Special Consideration / Reasonable Adjustment

To remove unfair barriers while protecting assessment integrity for all Red Dune learners. This section aligns with international HSE awarding expectations, TVTC requirements, and ISO 9001 competence control, with due regard to ISO 14001/45001 operational safety.

Definitions

- **Reasonable adjustment:** Agreed changes made **before** assessment to meet an identified need (e.g., extra time, rest breaks, accessible materials, assistive technology, alternative rooms).
- **Special consideration:** A post-event measure when temporary, unforeseeable circumstances negatively affect performance (e.g., acute illness, bereavement, major disruption).

Principles
Fairness, confidentiality, evidence-based decisions, and no dilution of the competence standard or safety controls. Adjustments must not advantage a learner or compromise health, safety, or environmental protections during practical tasks.

Process

1. **Request:** Learner (or guardian/employer) submits a form with evidence. For adjustments, apply at least 10 working days before assessment; for special consideration, within 5 working days after.
2. **Review:** Quality Lead/IQA coordinates with the Centre Manager and, where required, the awarding body/TVTC. Practical assessments include a risk assessment of the adjustment.
3. **Decision:** Outcomes issued in writing, with rationale and validity period.
4. **Records:** All requests, evidence, decisions, and implemented controls are retained as controlled documents.

Examples

- Adjustment: enlarged print, ergonomic seating, extra time up to agreed limits, scribe/reader where permitted, prayer-time scheduling, accessible evacuation briefing.
- Special consideration: mark mitigation within awarding-body limits or a free resit where approved.

Appeals & Complaints
Learners may appeal decisions via the Centre Appeals process; concerns about treatment can be raised through the Complaints channel.

Monitoring
Quarterly IQA review of cases, trends, and effectiveness; actions feed into PDCA and management review.

7. Feedback & Continuous Improvement

To use learner, staff, client, and external feedback to strengthen the validity, reliability, fairness, and safety of our training and assessment, while meeting Saudi TVTC expectations and the intent of ISO 9001, 14001, and 45001.

What We Collect

- **Learners:** induction, midpoint, post-course, and post-assessment surveys; complaint/appeal outcomes.
- **Staff:** assessor/tutor reflections, invigilator reports, IQA sampling findings, incident/near-miss notes.
- **External:** employer input, awarding-body/TVTC visit reports, audit findings, and environmental/health & safety observations linked to delivery rooms, equipment, and practicals.

How We Use It (PDCA Cycle)

1. **Plan:** The Quality Lead consolidates feedback each term, identifies trends, and proposes corrective and preventive actions with owners and due dates.
2. **Do:** Centre Manager authorises the plan; teams implement changes to materials, delivery conditions, assessment instruments, and environmental/OH&S controls.
3. **Check:** IQA sampling, class observations, and spot checks verify effectiveness; KPIs (first-time pass rate, rework, appeals, assessment turnaround, audit actions closed) are reviewed in the Quality Review Meeting.
4. **Act:** Effective actions are standardised; ineffective ones are revised. Urgent risks trigger temporary suspension of an instrument or activity until controls are in place.

8. Training & Staff Development

To ensure all Red Dune Training Centre personnel remain competent to deliver, assess, and quality-assure international HSE qualifications and TVTC-approved programs, in alignment with ISO 9001 (competence, awareness), ISO 14001 and ISO 45001 (competence and operational control).

Scope
Applies to tutors, assessors, IQA/Quality Lead, centre management, invigilators, and support staff whose work affects learning, assessment, certification, or learner welfare.

Principles

- Competence is defined, evidenced, maintained, and reviewed.
- Training is planned from role profiles and risk/impact on learners, assessment integrity, and HSE/Environmental controls.
- CPD demonstrates impact on practice (not attendance only).

Minimum Competence (entry + ongoing)

- **Tutors/Assessors:** subject-matter qualification ≥ course level; recognised assessor training; delivery/assessment standardisation before first cohort and annually thereafter.
- **IQA/Quality Lead:** IQA qualification/experience and audit skills; calibration with awarding-body/TVTC updates.
- **Invigilators/Admin:** exam-security, data protection, document control, and customer-care training.

CPD Structure

- Blended approach: technical HSE updates, pedagogy/assessment practice, Saudi regulatory updates, EDI, environment and OH&S awareness.
- Typical annual targets: Tutors/Assessors ≥ 24 hours; IQA/Quality Lead ≥ 30 hours; other roles ≥ 12 hours (adjusted by risk/role).
- Mandatory refreshers: exam security, malpractice prevention, safeguarding, emergency preparedness, and environmental aspects/impacts of training operations.

Evaluation & Records

- Effectiveness tested via observation, learner outcomes, audit/IQA findings, and corrective-action closure.
- Records kept in controlled CPD logs, competence matrices, and training certificates; reviewed at Quality Review Meetings and during management review for continual improvement.

9. Standardization Sessions

To keep assessment decisions consistent, fair, and current across all tutors/assessors by aligning marking practice, evidence expectations, and feedback standards. This supports TVTC expectations and the ISO 9001 principle of competence and consistency, while reflecting sector updates relevant to HSE training.

Scope & Frequency
Applies to all international HSE and TVTC-approved programmes delivered by Red Dune Training Centre. Sessions run: (a) before first delivery of a unit, (b) after first marking of each cohort, and (c) annually as a centre-wide calibration event, or sooner when awarding-body/TVTC updates are issued.

Participants & Roles

- **Quality Lead/IQA (Chair):** sets agenda, selects sample evidence, records outcomes, and assigns actions.
- **Assessors/Tutors:** bring marked samples, explain judgements, agree common standards, and update practice.
- **Head of Centre (as required):** endorses decisions that affect centre-wide practice or resources.

Inputs

- Sample learner work across grade bands, borderline cases, and common errors.
- Current assessment instruments, marking guides, and model answers.
- External reports (e.g., EV/TVTC observations) and recent HSE guidance that impacts assessment validity.

Process

1. Review programme intent and assessment criteria.
2. Compare markers' decisions on anonymised samples; identify variance.
3. Agree standardised interpretations, exemplars, and feedback language.
4. Confirm any instrument/rubric adjustments and publish version control.
5. Set corrective/preventive actions with owners and deadlines.

Outputs & Records

- Minutes, signed attendance, exemplar packs, revised instruments, and action tracker entries.
- Updates communicated to all staff before next assessment window; obsolete versions withdrawn.

10. Non-compliance / Corrective Action

To ensure any assessment, delivery, or administrative non-compliance at Red Dune Training Centre is identified, contained, corrected, and prevented from recurring, in line with TVTC expectations and ISO 9001/14001/45001 continual improvement.

Scope
Applies to all programmes, staff, contractors, sites, and records, including assessment security, learner data, HSE controls, and awarding-body requirements.

Definitions
Non-compliance: any departure from approved policies, procedures, specifications, or regulatory/awarding standards. Corrective action (CA): action to eliminate the root cause and prevent recurrence.

Responsibilities
Head of Centre (owner), Quality Lead/IQA (custodian), Centre Manager (implementation), Assessors/Tutors/Admin (report and act), HSE Officer (HSE elements), Data Protection Lead (data incidents).

Process

1. **Detect & Contain:** Anyone may raise an NCR (non-conformity report). The receiver logs it, grades risk (critical/major/minor), and applies immediate containment (e.g., stop an assessment, withdraw an obsolete form, isolate hazardous equipment).
2. **Investigate:** Root-cause analysis using 5-Whys/fishbone; consider people, process, materials, environment, and management factors.
3. **Plan CA/PA:** Define corrective and, where relevant, preventive actions, owner, due dates; align with awarding-body or TVTC deadlines.
4. **Implement & Verify:** Execute actions; IQA verifies effectiveness via sampling, observation, or re-audit.
5. **Close & Learn:** Record evidence, lessons learned, required updates to training, documents, or controls.

Escalation
Critical breaches (e.g., malpractice, exam security, safeguarding, serious HSE risk) escalate to the Head of Centre; awarding bodies/TVTC are notified where required.

Records & Communication
Maintain an NCR/CAPA register, action tracker, and evidence file; communicate outcomes at Quality Review Meetings and standardisation sessions.

Monitoring & Review
KPI: time to containment, time to closure, recurrence rate, external action points cleared. Outputs feed PDCA and the annual IQA report.

11. Record Keeping & Document Control

To ensure that all quality, assessment, and centre administration records at Red Dune Training Centre are accurate, secure, retrievable, and current, supporting compliance with TVTC requirements and good practice consistent with ISO 9001 (quality), ISO 14001 (environment), and ISO 45001 (OH&S).

Scope
Applies to all documents and records related to course delivery, assessment, internal verification (IQA), HSE controls, learner services, complaints/appeals, incidents, audits, and management review. Covers both electronic and hard-copy formats in Arabic and/or English.

Document Control

- All controlled documents carry a unique ID, title, version, effective date, owner, and approval signature.
- The electronic master is the single source of truth; printed copies are "UNCONTROLLED WHEN PRINTED."
- Changes follow a documented change-request with impact review; a change log records rationale and approvals.
- Obsolete documents are withdrawn, watermarked "SUPERSEDED," and archived to prevent unintended use.

Record Creation, Access & Security

- Records must be legible, dated, signed (or e-signed), and traceable to programme, cohort, and assessor/learner.
- Access is role-based; assessment materials and examinations are held in restricted repositories.
- Backups are automated daily; restoration tests occur quarterly. Physical files are stored in locked cabinets/rooms.
- Data privacy and exam security rules apply at all times; breaches are logged and investigated.

Retention & Disposal

- Retention periods are defined in the Centre Retention Schedule (e.g., assessment evidence, IQA sampling, results, appeals, complaints, incidents, equipment calibration).
- On expiry, records are destroyed securely (cross-cut shredding or certified digital deletion). Where feasible, paper is recycled in line with environmental controls.

Controls for Sustainability & OH&S

- Prefer digital-by-default, limit printing, and manage toner/paper as environmental aspects.
- Box lifting, step-ladder use, and archive handling follow safe-work procedures.

Monitoring & Improvement
Internal audits sample records each term; findings drive corrective actions. The register, schedule, and procedures are reviewed annually or after significant change.

12. Review of the QA Policy

To ensure Red Dune Training Centre's Internal Quality Assurance (IQA) arrangements remain effective, compliant, and continually improved in line with TVTC expectations and ISO 9001 (9.1–9.3, 10.2), ISO 14001 (9–10), and ISO 45001 (9–10), and the requirements of international HSE awarding bodies.

Frequency & Triggers

- **Planned review:** annually, approved by the Head of Centre (HoC) following a formal Management Review (ISO 9001, 9.3).
- **Interim reviews:** after significant changes—new or revised qualifications, TVTC directives, awarding-body bulletins, audit findings, incidents/near-misses, legal updates, or environmental/health & safety impacts affecting assessment or delivery (ISO 14001/45001, 9–10).

Ownership & Governance

- **Policy owner:** Quality Lead/IQA.
- **Approver:** HoC.
- **Consulted:** Centre Manager, HSE Officer, Lead Tutors/Assessors, Exams/Admin, and (where relevant) external verifiers/TVTC reviewers.
- **Forum:** termly Quality Review Meeting (QRM) and annual Management Review.

Inputs to the Review

- KPI dashboards (achievement, first-time pass, appeals, rework, turnaround, sampling compliance, action closure).
- IQA sampling results, standardisation minutes, assessor observations, exam-security checks.
- Learner/employer feedback, complaints and compliments, malpractice/maladministration logs.
- External reports (awarding body/TVTC), internal/external audit results, legal/regulatory and sector updates.
- Environmental and OH&S performance related to learning/assessment operations (waste, energy, emergency readiness, incidents).

Method

1. Analyse data and trends; conduct root-cause analysis where targets are missed.
2. Evaluate continued suitability, adequacy, and effectiveness of IQA controls.
3. Identify risks/opportunities; set corrective and preventive actions (CAPA) with owners and dates (ISO 9001/14001/45001, 10).
4. Decide policy or procedure changes; assess impacts on competence, resources, environment, and OH&S.

Outputs

- **Annual QA Review Report** with CAPA plan, resourcing needs, and updated risk register.
- **Change control:** revisions numbered, dated, and issued as controlled documents; obsolete versions withdrawn from use.
- **Communication:** staff briefings, updated handbooks/forms/rubrics; learner notices where relevant.

Records & Competence
All review evidence, minutes, and controlled versions are retained per Document Control and Records Retention procedures (ISO 9001, 7.5). CPD plans are updated for affected roles to ensure competence for any changes introduced (ISO 9001, 7.2).

13. Communication of Procedures

To ensure all Red Dune Training Centre personnel and learners receive timely, clear, and controlled information about Internal Quality Assurance (IQA) procedures so assessments remain valid, reliable, fair, and compliant with TVTC expectations and ISO 9001/14001/45001.

Scope
Applies to staff (tutors, assessors, IQA, admin, Centre Manager/Head of Centre), contractors, and learners across all courses and assessment activities.

Principles

- One-source-of-truth: only approved, current documents are communicated.
- Right information, right audience, right time.
- Accessibility and inclusion: language and format are appropriate to the audience.
- Evidence-based updates following audits, reviews, or regulatory changes.

Channels

1. Controlled documents on the Centre's quality drive/portal with version control.
2. Staff briefings and standardisation meetings (pre-delivery, mid-delivery, post-results).
3. Induction packs for staff and learners (summary of assessment rules, malpractice/appeals, reasonable adjustments).
4. Email bulletins and noticeboards for urgent or critical updates.
5. Website learner area for key public-facing procedures.
6. Meeting minutes and action trackers to confirm understanding and ownership.

Training & Awareness
All staff complete induction on document control and annual refreshers. Changes that affect delivery or safety trigger targeted toolbox talks or micro-learning.

Change Control & Records
Each communication carries document title, code, version, issue date, owner, and next review date. A Communication Log records what was sent, to whom, by which channel, and evidence of receipt/briefing.