

STANDARDIZATION GUIDANCE POLICY

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Date	20 Feb, 2022	23 Feb, 2022

REVISION HISTORY

REVISION	DATE	REMARKS
1	03 Apr, 2024	
2	21 Apr, 2025	

RED DUNE

Standardization Guidance Policy

REDDUNE TRAINING CETNER

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REDDUNE TRAINING CENTRE

1. Purpose, Scope & Reference Framework

This policy ensures that Red Dune delivers and assesses all programmes in a fair, valid, reliable, and consistent way. We standardize our curriculum design, teaching, assessment, internal quality assurance (IQA), and record-keeping so that every learner receives the same high-quality experience, regardless of location, delivery mode, or tutor. Our purpose is to protect assessment integrity, uphold learner confidence, meet the expectations of Saudi regulators and international awarding bodies, and drive continual improvement in line with ISO management systems.

Scope

This policy applies to:

- All qualifications and short courses offered under Red Dune and awarding bodies and TVTC-licensed programmes).
- All delivery modes (classroom, blended, virtual/e-learning), all campuses and partner sites within KSA, and all teaching languages approved by the awarding body.
- All staff involved in design, delivery, assessment, IQA/EQA liaison, learner support, data management, malpractice handling, and certification administration.
- All materials and systems that influence learner outcomes (syllabi, lesson plans, assessments, mark schemes, proctoring, reasonable adjustments, appeals).

Reference Framework

Red Dune aligns its standards and procedures with:

- **Saudi Regulation:** TVTC provider bylaws/Centre approval conditions and applicable national requirements for training delivery and assessment.
- **International Awarding Bodies.** Our current Collaboration bodies and in future
- **ISO Management Systems:**
 - **ISO 9001 (Quality):** process control, documented information, competence, and corrective action.
 - **ISO 14001 (Environment):** environmentally responsible training operations and venues.
 - **ISO 45001 (OH&S):** safe learning environments, risk control for practical activities, and incident response.

2. Governance, Roles & Decision Rights

To ensure Red Dune Training Centre delivers and assesses consistently across all programmes, in line with TVTC regulations and ISO 9001/14001/45001 (leadership, roles, competence, documented information).

Defined roles

- Head of Centre (HoC): overall accountability for compliance, resources, impartiality, and regulatory notifications.
- Quality Lead / IQA Lead: designs the standardization system, sets sampling, runs standardization meetings, signs IQA reports.
- Assessment Lead: owns assessment design, mark schemes, moderation rules, and variance analysis.
- Centre Manager: coordinates logistics, trainer allocation, readiness, and records.
- Data & Records Officer: controls document versions, retention, and secure storage; produces KPI dashboards.
- EQA/EPA Liaison: contact for NEBOSH, IOSH, OTHM, ISEP/AOSH and TVTC; schedules reviews and closes actions.

RACI for key activities (R=Responsible, A=Accountable, C=Consulted, I=Informed)

- Approve assessment design and changes: R—Assessment Lead; A—HoC; C—IQA Lead; I—Centre Manager, Liaison.
- Marking review & moderation decisions: R—IQA Lead; A—HoC; C—Assessment Lead; I—Centre Manager, Data Officer.
- Tutor approval & currency check: R—Centre Manager; A—HoC; C—IQA Lead; I—Liaison, Data Officer.
- Material/template changes & version control: R—Data Officer; A—IQA Lead; C—Assessment Lead; I—HoC.
- Regulatory reporting (material changes, malpractice, centre closure risk): R—Liaison; A—HoC; C—IQA Lead; I—Awarding bodies/TVTC.

Escalation & sign-off

Operational issues escalate to Centre Manager → IQA Lead → HoC. Compliance risks or incidents (malpractice, integrity, major delivery failure) escalate directly to HoC, who authorizes notifications to awarding bodies and TVTC and signs corrective-action plans. Consultation with staff and learners is recorded in HSE committee minutes and action logs aligned with ISO 45001/14001.

Evidence & records

Maintain: signed organogram; role descriptions; delegation/decision matrix; IQA plans and minutes; assessment approval log; change-control register; regulatory notification log; training/competence records; annual management review capturing KPIs and improvement actions and lessons learned.

3. Curriculum & Delivery Standardization

Red Dune standardizes curriculum and delivery to assure fair, valid, reliable learning in line with international HSE qualifications, TVTC requirements, and ISO 9001/14001/45001 management system principles. All courses must use approved syllabi and schemes of work that map learning outcomes, content sequence, guided learning hours (GLH), contact hours, and assessment hours. Lesson plans are prepared using the Centre template and include objectives, core content, delivery method, learning resources, formative checks, and health-safety-environment (HSE) considerations relevant to practical activities.

Delivery media are controlled: only Centre-approved slide decks, handouts, practical briefs, and simulation scenarios may be used. Materials must be accurate, current, culturally appropriate, and accessible (readable fonts, clear imagery, alternative formats on request). English is the default language unless awarding-body or client requirements specify otherwise; where bilingual delivery is agreed, translations must be quality-checked before use.

Trainer: learner ratios follow awarding-body and TVTC rules for classroom, workshop, and e-learning modes. Trainers and assessors must be approved before delivery, meeting minimum requirements for subject competence plus relevant assessing/IQA qualifications where applicable. Currency is maintained through CPD and recent industry practice. New or changed delivery staff receive an induction to Red Dune's quality procedures prior to teaching.

Any adaptation for mode of delivery (face-to-face, blended, online) must preserve learning outcomes, GLH, assessment integrity, and learner support. Health, safety, and environmental controls are embedded in practical and site activities, with risk assessments documented and briefed.

Evidence (controlled documents):

- Master scheme of work per course (with GLH/contact/assessment hours)
- Standard lesson plan and delivery checklist (completed per session)
- Approved delivery media pack (version-controlled)
- Tutor/assessor approval register and CPD log
- Accessibility/translation check record
- Induction record for new delivery staff

4. Assessment & Marking Standardization

To ensure every assessment decision is fair, valid, reliable, and consistent across cohorts, tutors, and delivery modes, in line with international awarding bodies, TVTC requirements, and our ISO 9001/14001/45001 management system.

Approved assessment instruments

Only Centre-approved versions are used. The Quality Lead maintains a controlled master bank (version-controlled, watermarking enabled). Any creation, adaptation, translation, or contextualization requires documented approval and a change log before release. Secure storage, limited access, and invigilation/proctoring standards apply to all formats, including online.

Mark schemes, rubrics, and model answer

Each instrument has a matching rubric and, where appropriate, model answers or response frameworks that define acceptable evidence and performance descriptors. Rubrics are shared with assessors before delivery and are not altered mid-cohort. Where practical assessments are used, observable criteria and safety-critical checks are explicit.

Standard-setting approach

We apply criterion-referenced standards aligned to the awarding body syllabus outcomes. Where cut-scores are set (e.g., MCQ items), they are established using documented methods (e.g., Ansoff/Bookmark or historical performance analysis) and approved by the Quality Lead. For graded outcomes (pass/merit/distinction), grade boundaries are pre-published internally, supported by exemplars at each level.

Moderation and tolerance

Second marking/cross-marking is completed for a risk-based sample and 100% of borderline scripts. Tolerance bands for marker variance are defined in the Assessment Handbook; outliers trigger re-marking and coaching. Standardization meetings are held pre-delivery and pre-results to calibrate interpretation using anonymized exemplars and variance reports.

Fairness and adjustments

Reasonable adjustments and special consideration follow documented procedures to protect validity while enabling equitable access.

Records and review

All assessment materials, marks, moderation notes, and decisions are retained per awarding body/TVTC schedules and reviewed as part of our annual internal audit and management review for continual improvement.

5. Internal Quality Assurance (IQA) & Sampling Strategy

This Centre maintains a risk-based IQA system to keep delivery and assessment consistent, fair, and defensible across all HSE programmes. Our approach aligns with TVTC provider rules and the quality expectations of international awarding bodies and integrates ISO 9001 process control, ISO 45001 safety governance, and ISO 14001 operational discipline.

Risk-Based Sampling Plan

We apply enhanced sampling where risk is higher: new or probationary tutors/assessors, newly introduced units or assessments, large or remote cohorts, language-adapted delivery, and any area with prior non-conformities. Samples include a spread of grades, borderline results, reasonable adjustments, and any re-submissions. Sampling intensity may be reduced only after two consecutive compliant cycles.

Observation of Practice

Tutors and assessors are observed at least once per delivery cycle (more for new staff). Observations use a standard rubric covering session planning, competence, inclusivity, authenticity of assessment, health & safety controls, environmental considerations, and evidence security. Written feedback is issued within five working days, with agreed actions and a follow-up check to close findings.

Moderation & Verification

Pre-results moderation confirms correct application of rubrics, consistency across markers, and resolution of borderline scripts. Post-results reviews analyse variance, appeals, and any awarding-body feedback. No certification claim is submitted until verification checkpoints are passed: assessment version control confirmed, sampling completed, actions closed, and records filed.

Evidence & Records

We maintain: (1) an annual IQA plan with risk ratings and timelines; (2) a live sampling matrix mapping cohorts, assessors, units, and sample sizes; (3) signed observation reports with actions; and (4) a corrective-action tracker showing owners, due dates, status, and effectiveness checks. These records are retained per awarding-body/TVTC requirements and are available for EQA or audit upon request.

6. Standardization & Calibration Meetings

To secure fair, valid, reliable assessment and consistent delivery across all programmes, aligned with TVTC requirements and the intent of ISO 9001/14001/45001 and international awarding-body standards.

Frequency & Quorum

Meetings are held four times per course cycle: **pre-delivery**, **mid-delivery**, **pre-results**, and **post-results**. Extraordinary meetings may be called after incidents or updates from regulators/awarding bodies. **Quorum:** Head of Centre or Quality Lead (Chair), Assessment Lead/IQA, and at least two course tutors/assessors involved in the cohort. EQA/external representatives may be invited when required.

Agenda (fixed items)

1. Approve agenda, confirm quorum, declare conflicts.
2. Review programmes aims, assessment criteria, delivery plan changes.
3. **Exemplar review:** discuss benchmark scripts/assignments/observations.
4. **Blind cross-marking:** compare results, analyses variance; agree tolerances and corrective actions.
5. Common learner errors and agreed interpretations of criteria.
6. Reasonable adjustments/special consideration consistency checks.
7. Integrity controls (identity, invigilation, plagiarism, e-proctoring).
8. Actions, owners, and deadlines.

Decisions & Binding Outcomes

All determinations are recorded as **Centre Assessment Decisions (CADs)** with a unique ID, version, effective date, and scope. CADs are binding on tutors/assessors/IQA for the defined period or until superseded. Changes to assessments, marking rubrics, or delivery materials follow document control before use.

Evidence & Records (controlled documents)

- Signed minutes with attendance and conflicts log.
 - Standardization packs (approved exemplars, annotated rubrics, model responses).
 - Variance analysis, cross-marking results, tolerance decisions.
 - Agreed interpretations register and action tracker.
- Records are secured, backed up, and retained for a **minimum of five (5) years**. Key KPIs (marking variance, rework rate, appeal outcomes, EQA actions) feed into Management Review and continual improvement.

7. Documentation, Data & Version Control

This section sets the rules for creating, controlling, storing, and updating all Centre documents and records to ensure consistency with TVTC requirements and the principles of ISO 9001, ISO 14001, and ISO 45001, and with the expectations of international HSE awarding bodies.

7.1 Master Templates & Coding

All delivery and assessment documents must use Centre-approved master templates (schemes of work, lesson plans, assessments, marking rubrics, IQA forms, observation checklists). Each document carries a unique code (e.g., RD-STD-LP-001), version number (v1.2), owner, effective date, and next review date. Only the latest approved version may be used in live delivery.

7.2 Version Control & Change Management

Changes that could affect delivery quality or assessment integrity follow a formal change-control process: request → impact review (quality, HSE, environmental) → approval by Quality Lead/Head of Centre → controlled release → communication to tutors/IQAs → withdrawal of superseded versions. A change log records rationale, approver, and effective date. Emergency changes are permitted with documented justification and rapid post-approval.

7.3 Record-Keeping & Retention

Records include teaching evidence, learner work, assessment decisions, IQA sampling, standardization minutes, results, appeals, complaints, reasonable adjustments, incidents, and EQA actions. Retention periods follow the longest applicable requirement among TVTC and the relevant awarding body. A retention schedule defines minimum periods, storage location, and disposal method (secure shredding or certified electronic deletion).

7.4 Secure Storage, Access & Backup

Documents and records are stored in a controlled Document Management System and locked physical files where needed. Access is role-based (need-to-know), with audit trails for creation, edits, and downloads. Daily encrypted backups are maintained offsite; recovery tests occur at least quarterly. Personal data is handled lawfully and confidentially.

7.5 Evidence & Monitoring

Mandatory evidence: (a) document register, (b) retention schedule, (c) change-control log, (d) access permissions matrix, (e) quarterly backup/recovery test records, and (f) annual document compliance audit report. Continuous improvement actions are tracked to closure.

8. External Quality Assurance (EQA) & Continuous Improvement

At Red Dune Training Centre (RDTC), External Quality Assurance (EQA) is a standing, scheduled process that confirms our delivery and assessment meet awarding-body expectations and Saudi TVTC requirements while aligning with ISO 9001 (quality), ISO 14001 (environment), and ISO 45001 (OH&S). The Quality Lead coordinates all EQA activity; the Head of Centre holds final accountability.

EQA readiness and submissions. Before each external review/moderation/verification, RDTC compiles a secure Evidence Pack: approved syllabi and schemes of work, trainer approvals, assessment versions and mark schemes, sampling plans and IQA reports, invigilation/proctoring records, reasonable-adjustment decisions, malpractice logs, complaints/appeals, and certification claims. Documents are version-controlled, traceable to cohorts, and retained per awarding-body/TVTC schedules.

Visit conduct and outcomes. During EQA, assessors may observe delivery, review assessed work, and interview staff/learners. RDTC provides full access, protects confidentiality, and records all feedback verbatim. Post-visit, the Quality Lead issues an internal summary within five (5) working days.

Actions, timescales, and assurance. Findings are classified (critical/major/minor/recommendation). Corrective and preventive actions (CAPA) include owners, due dates, evidence of completion, and effectiveness checks. Critical/major actions are addressed immediately and evidenced to the awarding body within agreed timeframes. The EQA Action Tracker is reviewed fortnightly until closure and archived with supporting proof.

Continuous improvement cycle. RDTC applies PDCA:

- Plan—set annual QA objectives and risk/opportunity registers.
- Do—implement standardized delivery, assessment, and controls.
- Check—analyze KPIs (marking variance, grade distributions, resit rates, feedback scores, incident rates, turnaround times, nonconformities).
- Act—update procedures, forms, tutor development, and assessment guidance.

Governance and review. Quarterly Quality Review Meetings evaluate KPI trends, EQA actions, environmental and OH&S impacts, and legal/compliance updates. An Annual Quality Report summarizes performance, EQA outcomes, learner/employer feedback, significant incidents, and approved improvements, and is signed by the Head of Centre. This section is controlled, audited, and re-approved at least annually or after significant change.