1.5 Regulatory Compliance Policy

Version Control

Version	Date	Description	Author
1.0	January 2024	Initial Policy Development	C-TAC
2.0	November 2024	Updated to include TAQA system integration	C-TAC

1.5.1 Purpose
This policy outlines C-TAC's commitment to ensuring compliance with all relevant legal, regulatory, and quality assurance requirements, including PHECC standards and TAQA principles, to support the delivery of high-quality pre-hospital emergency care training.

1.5.2 Scope
This policy applies to all C-TAC staff, faculty, learners, and external stakeholders, including affiliate faculty and partners.

1.5.3 Compliance Principles

- **Adherence to Standards:** Compliance with PHECC requirements, including health and safety, GDPR, safeguarding, and assessment integrity.
- **Accountability:** All individuals are responsible for ensuring compliance within their roles.
- **Transparency:** Open communication regarding compliance obligations and performance.
- **Continuous Improvement:** Using feedback and verification outcomes to enhance compliance processes.

1.5.4 Process

1. **Regulatory Awareness:**
   o Compliance requirements are communicated during staff induction and through regular updates.
   o Changes in regulations are monitored and communicated promptly to all stakeholders.
2. **Compliance Monitoring:**
   o Internal audits are conducted quarterly to assess compliance with regulatory requirements.
   o External verification ensures adherence to PHECC standards.
3. **Health and Safety:**
   o A Safety Statement is maintained and reviewed annually.
   o Health and safety training is provided to all staff and faculty, with specific protocols for training environments.

4. **Data Protection:**
   - o Compliance with GDPR is ensured through secure data storage, limited access, and regular training.
   - o Data breaches are reported to the Data Protection Officer within 24 hours.
5. **Safeguarding:**
   - o Faculty working with vulnerable groups must complete safeguarding training.
   - o Safeguarding policies are communicated to all learners and staff.
6. **Assessment Integrity:**
   - o Assessment processes are designed to ensure fairness, reliability, and compliance with PHECC standards.
   - o Internal Verifiers monitor assessment practices, with conducting annual External Verification.

1.5.5 Responsibilities

- **Board of Directors:** Ensures overall compliance with legal and regulatory requirements.
- **Management Team:** Implements compliance processes and monitors adherence across all departments.
- **Internal Verifier (IV):** Ensures assessment integrity and compliance with internal policies.
- **All Staff and Faculty:** Responsible for understanding and complying with all relevant regulations.

1.5.6 Monitoring and Review

- Compliance processes are reviewed annually to ensure effectiveness and alignment with current regulations.
- Non-compliance issues are documented, investigated, and resolved through corrective action plans.
- Feedback from internal audits and external verification is used to improve compliance practices.

1.5.7 Approval and Compliance Monitoring

- **Approved by:** Adrian Coffey, Director of Training
- **Date:** October 2024
- Compliance with this policy is monitored through regular audits, stakeholder feedback.