

## 1.6 Document Control and Management 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

#### 1.6.1 Purpose

This policy establishes the framework for developing, controlling, and maintaining all corporate and educational documents within C-TAC, ensuring alignment with PHECC and TAQA standards. It ensures the availability of accurate and up-to-date documentation that supports effective governance and quality assurance.

#### 1.6.2 Scope

This policy applies to all C-TAC staff, faculty, and affiliate partners involved in creating, reviewing, and maintaining documents related to governance, training, assessment, and quality assurance.

#### 1.6.3 Document Control Principles

- **Accuracy:** All documents must be accurate, complete, and aligned with current regulations.
- **Version Control:** Clear versioning ensures that the most recent documents are used.
- **Accessibility:** Relevant documents are accessible to authorised personnel and stakeholders.
- **Confidentiality:** Sensitive information is protected in compliance with GDPR.

#### 1.6.4 Process

##### 1. Document Creation:

- Documents are developed using approved templates and include clear titles, reference numbers, and version control information.
- The author is responsible for ensuring that documents align with PHECC and TAQA standards.

##### 2. Review and Approval:

- Documents are reviewed by the Internal Verifier (IV) and approved by the Director of Training.
- Reviews are conducted biennially or as required due to regulatory changes.



### 3. Version Control:

- Each document includes a version control table with the version number, date, description of changes, author, and approver.
- Previous versions are archived and retained for a minimum of three years.

### 4. Document Storage:

- Documents are securely stored on C-TAC's internal system, with access restricted to authorised personnel.
- Printed copies are controlled, marked as “Uncontrolled when printed,” and used only when necessary.

### 5. Distribution and Access:

- Relevant documents are made available to staff, faculty, and learners through the internal portal and learner handbooks.
- Key policies and procedures are published on the C-TAC website for public access.

### 6. Document Updates:

- Updates are communicated to all relevant stakeholders through email bulletins and staff meetings.
- Outdated documents are promptly removed from circulation.

## 1.6.5 Responsibilities

- **Board of Directors:** Ensures the document control framework aligns with governance objectives.
- **Director of Training:** Approves all documents and ensures compliance with regulatory requirements.
- **Internal Verifier (IV):** Reviews documents for accuracy, consistency, and compliance.
- **Document Authors:** Responsible for developing documents using approved templates.
- **All Staff and Faculty:** Must use the most recent documents and report any discrepancies.



#### **1.6.6 Monitoring and Review**

- The document control system is reviewed annually to ensure effectiveness and compliance.
- Internal audits verify that documents are accurate, up-to-date, and properly maintained.
- Feedback from stakeholders is used to improve document management processes.

#### **1.6.7 Approval and Compliance Monitoring**

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

