DOCUMENT CONTROL AND RECORDS MANAGEMENT POLICY

Policy Status: Governance, Quality Assurance and Information Management Policy
Applies to: All documents and records created, held or managed by I-PATH
Audience: Staff, examiners, committee members, contractors and third parties
Policy Owner: Head Office
Governance Oversight: Grand Council
Review Cycle: Annual or following significant organisational change
Last Reviewed: 15th February 2026

1. Purpose of the Policy

This policy sets out how I-PATH ensures that all documents and records are:

- controlled, accurate and up to date
- securely stored and protected
- accessible to authorised users
- auditable and traceable
- retained and disposed of appropriately

Effective document and records management supports transparency, accountability and regulatory assurance.

2. Scope

This policy applies to all formats of information, including:

- policies, procedures and guidance documents
- assessment and examination records
- learner data and results
- governance papers and minutes
- incident and safeguarding records
- contracts, agreements and correspondence
- digital, paper and audio-visual records

It applies to regulated and unregulated provision.

3. Definitions

- **Document:** A controlled item intended to provide instruction, guidance or information (e.g. policies, procedures, forms).
- **Record:** Evidence of an activity or decision (e.g. exam results, meeting minutes, incident reports).
- **Document Control:** The process of managing the creation, approval, versioning and distribution of documents.

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- **Records Management:** The systematic control of records throughout their lifecycle.

4. Principles of Document and Records Management

I-PATH manages documents and records in line with the following principles:

- **Accuracy** - information is correct and reliable
- **Integrity** - documents are protected from unauthorised alteration
- **Confidentiality** - sensitive information is safeguarded
- **Availability** - information is accessible when required
- **Accountability** - ownership and responsibility are clear
- **Auditability** - decisions and actions can be evidenced

5. Document Control

5.1 Creation and Approval

All controlled documents must:

- have a named owner
- be reviewed and approved prior to publication
- reflect current policy and practice
- align with related documentation

Documents affecting assessment, safeguarding or governance require appropriate committee oversight.

5.2 Version Control

Each controlled document must include:

- document title
- version number
- date of issue
- review date
- approval authority

Only the current approved version may be used.

Superseded versions are archived.

5.3 Distribution and Access

Documents are:

- distributed through approved channels
- made accessible to relevant audiences
- protected against unauthorised editing

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Staff and third parties must not circulate outdated or draft versions.

6. Records Management

6.1 Creation of Records

Records must be:

- factual and objective
- created contemporaneously
- clearly dated and attributable
- complete and legible

6.2 Storage and Security

Records are stored:

- securely, with access controls
- in systems appropriate to their sensitivity
- in compliance with data protection requirements

Physical records are stored securely and access is restricted.

6.3 Confidentiality

Confidential records include (but are not limited to):

- learner and assessment data
- safeguarding records
- incident and malpractice investigations
- disciplinary and grievance records

Such records are shared strictly on a need-to-know basis.

7. Retention and Disposal

7.1 Retention Periods

Records are retained:

- for periods appropriate to their purpose
- in line with legal, regulatory and contractual requirements
- to support audits, appeals and investigations

Retention schedules are reviewed periodically.

7.2 Secure Disposal

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When records reach the end of their retention period, they are:

- disposed of securely
- destroyed in a manner appropriate to their sensitivity
- recorded as disposed of

8. Access Requests and Disclosure

Requests for access to records are handled in line with:

- Data Protection Policy
- Privacy Policy

Unauthorised access or disclosure is treated as a serious breach.

9. Breaches and Incidents

Any loss, unauthorised access or compromise of documents or records must be:

- reported immediately
- managed under the Incident Reporting and Regulatory Escalation Policy
- investigated proportionately

10. Audit and Monitoring

I-PATH undertakes periodic checks to ensure:

- documents are current and approved
- records are complete and accessible
- retention and disposal are compliant

Findings inform continuous improvement.

11. Training and Responsibilities

I-PATH ensures that:

- staff understand document control requirements
- responsibilities are clearly defined
- third parties comply with relevant expectations

Failure to comply may result in corrective action.

12. Relationship to Other Policies

This policy must be read alongside:

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- Data Protection Policy
- Privacy Policy
- Assessment Security and Confidentiality Policy
- Incident Reporting and Escalation Policy
- Safeguarding Policy
- Communications Policy

13. Policy Review

This policy will be reviewed:

- annually
- following significant change
- following a serious records-related incident

Final Statement

Effective document control and records management underpin trust, transparency and accountability.

This policy ensures that I-PATH maintains robust, secure and auditable information systems, supporting learners, governance and regulatory assurance.

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