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| IALA Guideline |

Guideline 1014

ACCREDITATION OF TRAINING ORGANISATIONS AND APPROVAL PROCESS TO DELIVER TRAINING

Edition x.x

Date (of approval by Council)

*Revokes Guideline [number]*

Revisions to this IALA Document are to be noted in the table prior to the issue of a revised document.

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# INTRODUCTION

IALA Standard 1050 on Training and Certification provides a framework, the implementation of which by all coastal States will harmonise Marine Aids to Navigation worldwide and ensure that the obligations under SOLAS Chapter V Regulation 12 on vessel traffic services (VTS) and Regulation 13 on the establishment and operation of aids to navigation (AtoN) are met.

The successful delivery of VTS and AtoN services depends upon competent and experienced personnel. It is the responsibility of the Competent Authority to ensure training is provided by accredited training organisations that are approved to deliver these model courses.

The following normative IALA recommendations provide the framework for the training and certification of VTS and AtoN personnel:

* Recommendation O-149 on the Accreditation of Training Organisations
* Recommendation R0103 (V-103) on the Training and Certification of VTS personnel
* Recommendation R0141 (E-141) on the Training and Certification of Marine Aids to Navigation personnel

# PURPOSE OF GUIDELINE

This guideline describes how Competent Authorities are to:

* accredit training organisations to provide ‘formal training’ and
* approve the delivery of individual IALA model courses which lead to the issue of a certificate to recognise the qualification.

The following ‘formal training’ courses will result in the issuing of course certificates:

* VTS model courses of:
* Model Course V-103/1 on VTS Operator Training;
* Model Course V-103/2 on VTS Supervisor Training;
* Model Course V-103/4 on VTS On-the-Job Training Instructor; and
* Recurrent Training, Model Course V-103/5 on the Revalidation Process for VTS Qualification and Certification.
* AtoN model courses of:
* Model Course L1.1 on Marine Aids to Navigation – Manager Training;
* Model Course L1.2 on Master of Marine Aids to Navigation Management;
* Model Course L1.3 on Marine Aids to Navigation Manager Training Level 1 – Use of the IALA Risk Management Tools;
* Model Course L1.4 on Aids to Navigation Management Training Level 1 - Global Navigation Satellite Systems and e-Navigation;
* Model Course L1.4 on Aids to Navigation Management Training Level 1 – Historic Lighthouse Projects; and
* Level 2 series of model courses for Aids to Navigation – Technician Training.

Note - Other IALA model courses not listed above are considered as informal or local training programmes that can be delivered by entities that do not need to undertake the accreditation process. However, the competent authority may decide to establish a review and approval process as outlined in this document for those model courses.

[? Perhaps a para on benefits to training organisations. ]

# ACCREDITATION

The aim of accreditation is to ensure that training organisations have quality standards and procedures in place to deliver effective training and assessment strategies. There should be quality procedures in place to cover areas such as instructors, facilities, data management, assessment procedures, students with learning difficulties, feedback, improvement etc.

It is important that a training organisation can comply with, and remain compliant with these quality standards as specified in IALA Recommendations R0103 and R0141, and this Guideline through the implementation of a training management System (TMS) [or a QMS?]. An assessment of this will form the basis of the accreditation process.

[Considerations should be given to the scenario where a training organisation has an established QMS/TMS that has already been approved by a Competent Authority to deliver STCW courses – perhaps a more relaxed approach could be taken to recognise them as ‘accredited’ ]

This Guideline draws from the requirements of ISO Standard 21001:2018 on ‘Educational organisations – management systems for educational organisations – requirements with guidance for use’.

[Similar type of para required. Extract from P 19, section 1.1.1 - The TMS documentation should confirm that a training management system, including internal audit programs, are in place and is used to review and improve the quality of training at the training organisation. A comparison of the training management system documentation against the requirements of an approved quality system standard which is recognised by the competent authority should be performed. The training management system should at a minimum reflect ANNEX XX of this guideline.]

The accreditation process is focussed on a detailed assessment of the design, implementation and effectiveness of a training organisations TMS. The accreditation process should include a detailed examination of the following processes and procedures implemented by the training organisation. Such processes and procedures may include, but not be limited to:

* Structure of the TMS including overarching aims, objectives and quality management policies,
* The organisational arrangements for the training organisation,
* The provision and implementation of internal TMS audits,
* Processes related to corrective and preventative action,
* Management review procedures,
* Document, data control and record keeping,
* Human Resource provision and management,
* Purchasing,
* Training development,
* Application review,
* Verification of competence and control of learning deficiencies,
* Certification and endorsement.

Training organisations are to be accredited in order to recognise qualifications and issue course certificates.

# APPROVAL OF IALA MODEL COURSES

A training organisation will need to apply to the competent authority for the approval of individual IALA model courses they intend to deliver. All training leading to the issue of a certificate needs to be ‘approved’.

Approval is the result of an accredited training organisation successfully demonstrating that the standards specified in an IALA model course for its implementation, delivery and assessment have been met. Where a training organisation seeks to deliver more than one model course, the competent authority must conduct an approval process for each individual model course.

The approval process should assesses the procedures and training materials relevant to the model course. Preferably, the audit should be undertaken when the course is being delivered as a means to review the practical application of the procedures and course materials in a live setting. This will also assist in providing an overall evaluation on the interaction between course instructors and students, how the model course has been implemented and the effectiveness of quality standards (eg EOMS).

The application will need to provide information on the following areas:

## Course curriculum

The course curriculum should be based on the relevant IALA model course. Copies of lesson plans are to be submitted with the application and detail the:

* The methodology of learning and teaching techniques employed to meet the learning outcomes.
* Time spent (eg number of hours) allocated to particular subjects or module elements.
* Total course duration (if the proposed teaching hours differ greatly from the nominal hours given in the Model Course, the methodology to achieve the objectives is also to be substantiated).

## Entry standards

The training organisation is to specify the entry standards that the student must comply with before being accepted into the training program. The methodology of recognition of prior learning must be specified.

## Conduct of training

The application should provide evidence on the following areas:

* Qualifications of teaching staff - A list of instructors together with their qualifications, experience in subject, teaching skills and assessment skills is to be provided. If simulator-based training is part of the training and assessment strategy, persons doing this task should be qualified.
* Course intake limitations—the training organisation is to determine the number of students enrolled on the program and provide information on the student/staff ratio.
* Course notes and reference documents—the submission is to include course notes, course delivery material and reference documents and must be of a suitable quality and substance to enable the student to complete the course. If e-learning, distance or blended delivery is proposed, training organisations must provide access to these resources.
* Facilities and equipment - The submission documentation is to include information (including pictures) of all teaching aids, facilities and equipment that the students will utilise while undertaking the course.
* Simulators—Simulators used for training must comply with XXXX. In addition, instructors using simulators must be trained to the requirements of [IALA Guideline 1027 - Simulation in VTS Training] or equivalent as approved by the competent authority.

## Student assessment procedures

The training organisation is to provide information on:

* The assessment procedures such as examination, practical, continuous assessment etc. These assessments should carried out in accordance with the course plan, or other documented procedures, so that proof of the training results in accordance with the model course requirements, as well any other national requirements.
* Maintenance of student and other records. Training results should be recorded and retain these as evidence that the competence of trainees is tested and controlled. These records should indicate the results obtained by students for each ‘subject area’ of each module of the appropriate model course.
* Issuing of certificates.

# OTHER CONSIDERATIONS

## Interim approval arrangements

In order to facilitate the start-up operation of a new training organisation, or the implementation of a new model course at an existing training organisation, the competent authority may grant an interim approval for the delivery of a single course.

The interim approval process should consist of a desktop assessment that covers all of the elements described in section 4 (? what about Section 3 ?) above with the exception of the physical audit that should be conducted while the course is in progress.

The competent authority may decide to grant an interim approval where the documented standards specified in an IALA model course for its implementation, delivery and assessment have been met and these are consistent with the TMS of the training organisation.

An interim approval should be valid for the initial delivery of a model course. This will enable the training organisation to attract students to the course and enable the full accreditation and approval audit to be undertaken while the course is in process.

## Outsourcing of course delivery

Due to the specialist nature of VTS and AtoN training, a training organisation may utilise the services of third parties to deliver, in full or in part, an IALA model course.

In such circumstances, it is the responsibility of the training organisation to ensure that:

* The services provided by the third party are in compliance with the relevant IALA model course and are consistent with the training organisation TMS; and
* The third party is trained in and fully aware of the requirements and procedures of the training organisations TMS.

If the services of a third party are used, the training organisation remains fully responsible for their oversight and their implementation of the TMS requirements ensuring that the relevant standards for the accreditation and approval are maintained.

## Where a Competent Authority operates a Training Organisation

[need to cover scenario where a CA may operate/deliver training courses. Process for how accreditation / approval of model courses is completed]

## Use of Third-party Authorities of organisations for the accreditation and approval process

Where a competent authority may require support in the implementation of this Guideline, a suitably qualified and experienced third-party audit provider may be appointed to complete the accreditation and approval process in full or in part. In such circumstances, the final decision and responsibility with respect to the grant of an accreditation and approval rests with the competent authority.

The certificate of accreditation and approval of the model courses must be issued by the competent authority.

[FROM G1100 – section 2.6 AUDIT OF TRAINING ORGANISATIONS

The CA may decide to recognise a third‐party organisation, such as an international Certification Company, or another national authority or organisation, as qualified fully to conduct audits of potential TOs on its behalf. In that case, the CA should ensure that the audit process has been conducted in accordance with this guideline.]

## International recognition of Accredited Training Organisations

The accreditation and approval process will initially apply to the training of students to operate in one country unless reciprocal arrangements with the competent authority of another country (or countries) have been made. The final decision on such arrangements lies with the competent authority to be satisfied that the training arrangements comply with IALA standards.

This process should be conducted on a formal basis through a process of written recognition via a memorandum of understanding or other appropriate instrument.

[FROM G1100 – section 2.2 RECOGNITION OF TRAINING ORGANISATIONS IN ANOTHER COUNTRY

The CA of some countries may decide to recognise a TO based in another country so that AtoN training can be delivered to its nationals abroad. In that case, the foreign TO may be defined as an Accredited Training Organisation (ATO) by the local CA.]

# PROCEDURES FOR THE AUDIT PROCESS

An audit is an evidence gathering process. Audit evidence is used to evaluate how well audit criteria are being met. Audits must be objective, impartial, and independent, and the audit process must be both systematic and documented.

The auditor should have the necessary knowledge and skills to apply audit principles, procedures and techniques when undertaking compliance audits.

Competent Authorities should develop and promulgate its own national procedures for the accreditation process and approval to deliver individual model courses.

The accreditation and approval process conducted by the competent authority (or a delegated party of the CA) should ensure that the training organisation **fully meets** the requirements of the relevant IALA Recommendation R0103 and R0141, and the specific requirements of the model courses they seek approval for.

The training organisation may apply to the Competent Authority to be accredited and approval to deliver individual model courses at the same time. Subsequent applications can be made by the training organisation requesting that additional courses to be considered for addition to their Certificate of Accreditation.

There are three stages to the audit process:

## Stage 1 – Pre-onsite

### Application for accreditation and approval of model courses

The training organisation is to submit an application with supporting documentation to demonstrate that:

* Training is being provided within a functioning quality management system based on an approved quality standard. See Annex XX – Compliance Matrix for Quality System.
* The course material and curricula comply with the IALA model courses
* Instructors and assessors are properly qualified to deliver training and assess competency of students.

### Appointment of the audit team

Following the receipt of an application an audit team is appointed to assess the application and where appropriate, plan and undertake the audit.

### Preliminary assessment

The compliance matrix and supporting documentation is to be assessed by the audit team in terms of how the applicant’s response demonstrates they have a functioning quality management system, and has systems and processes in place capable of providing objective evidence during an audit to demonstrate compliance with the audit criteria.

During the preliminary assessment consideration may be given to identifying areas of concern or where the compliance audit should focus.

Where the audit team determines that the information provided is insufficient to proceed to undertaking an audit the team is to liaise with the applicant to communicate, in writing, the areas where the matrix and supporting documentation is deficient with a view to rectifying the issue/s identified.

Where the audit team determines that the information provided demonstrates the applicant can provide objective evidence during the audit to meet the accreditation and approval of the model courses, then the team should prepare an audit plan.

### Audit plan

The competent authority is to develop an audit plan that outlines the audit activities that will be carried out in order to achieve the audit objectives. The audit plan should be provided to the auditee to confirm the details outlined.

The audit plan should contain:

* Audit date/s
* Audit timetable. The audit timetable should include the date and places where on-site activities will be conducted, and the expected time and duration of each activity including the opening meeting, overview of operations and closing meeting.
* Audit locations
* Objectives of the audit
* Scope. The scope of an audit is a statement that specifies the focus, extent, and boundary of a particular audit.
* Audit criteria
* Any other areas that may be reviewed

## Stage 2 – Onsite

### Opening meeting

An opening meeting should be held with the applicant at the beginning of the on-site audit:

* explain and confirm the audit plan, outlining the objectives, scope and audit procedures
* provide a short summary of how the audit activities will be undertaken
* provide opportunity for the auditee to ask questions.

The following information should be conveyed:

* introduce the audit team
* explain the purpose of the audit
* explain the audit objectives, scope and criteria (this will help keep the audit on track)
* explain the methods and procedures used to conduct the audit
* explain the steps that will be taken when preparing the audit report. That is, ‘all audit evidence collected will be assessed, a draft report will be prepared and reviewed internally, and the report will be sent to the auditee for comment before being ‘finalised’
* agree to an audit timetable to enable the auditee to arrange for appropriate personnel to be available
* ensure that the resources and facilities needed by the audit team are available

### Collecting audit evidence / audit findings

During the on-site audit evidence should be collected to demonstrate the auditee has systems and processes in place that provide objective evidence to show conformance with the audit criteria. This may include:

* Document verification – The documentation referred to by the applicant in the compliance matrix and associated documentation must be verified. This should include, but not be limited to, the following:

The information in the documents is:

* Complete - all expected content is contained in the document
* Correct - the content conforms to other reliable sources such as standards and regulations
* Consistent - the document is consistent in itself and with related documents
* Current - the content is up to date.
* Documents being reviewed cover the audit scope and provide sufficient information to support the audit objectives, and
* Suitability of the document control processes adopted by the auditee.
* Records – Records such as minutes of meetings, audit reports, student feedback, monitoring programs, measurement processes and statistical reports should be reviewed where applicable as a means to demonstrate conformance with relevant audit criteria.
* Interviews - One important way of collecting information is to interview. This allows the results of observation and document review to be verified and enables the interviewee to explain or clarify those results. Conversely, information collected during interviews needs to be verified by supporting information from independent sources, such as observations and records.
* Observing training delivery – [Need a couple of sentences. Current text from P20 - Those portions of training reflected in the audit plan should be monitored to confirm compliance. The instructor’s delivery, the interaction between instructor and students and the student assessment activities should be observed. The auditor should ensure that the records are being handled in compliance with the TMS.]
* Data Summaries – Analysis of data often provides a useful mechanism to confirm that procedures are being followed and key items being reported to management.

Once compliance with each requirement has been assessed, auditors should document their findings, which will form the basis to compile the audit report.

### Closing meeting

A closing meeting should be held with the organisation at the end of the onsite audit to:

* provide a general indication of the preliminary audit findings—it is important that the auditor indicates that findings are preliminary and that the final conclusions could be subject to change once all evidence is fully considered
* provide a briefing on any items needing immediate attention
* request any further information identified or clarification needed to finalise audit findings
* inform the applicant that they will be able to comment on the draft audit findings and the Corrective Action Plan

## Stage 3 – Post-onsite

### Audit report

A report on the audit should be prepared summarising the audit findings and conclusions. There are two possible outcomes from the audit:

1. The auditors conclude that the objective evidence provided demonstrate that the training organisation meets the criteria for accreditation and approval of the model courses they applied to deliver.

Under this scenario, the competent authority can issue the Certificate of Accreditation, and approval of the model courses they applied to deliver.

1. The auditors conclude that there was insufficient objective evidence provided to demonstrate that the training organisation meets the criteria for accreditation and approval of the model courses they applied to deliver.

Under this scenario, the competent authority should notify the training organisation and provide reasons to why the Certificate of Accreditation should not be issued.

In both scenarios, the audit report and corrective action plan should be prepared, and provided to the applicant.

### Corrective action plan

The purpose of the corrective action plan is for the auditors and the auditee to agree on a course of action to deal with non-compliances identified in the audit findings, and achieve compliance. The corrective action plan can be developed with input from auditee representatives to ensure that the actions required are appropriate, fully understood and achievable.

The corrective action plan should:

* List the audit findings (e.g. minor non-conformances, observations and opportunities for improvement). The findings should not be prescriptive recommendations on how to address the non-compliances, but rather to describe what was not evident, or in place the time the audit was conduct.
* Auditees should provide a response to each finding in terms of proposed corrective actions to be taken to address the audit findings by a proposed close out date.

The competent authority will need to closely monitor and follow-up progress with the auditee to close out outstanding non-conformities. The auditor should review the proposed corrective actions submitted by the training organisation and determine their acceptability.

Depending on the nature of the non-conformities the auditor may require a follow‐up periodic audit to confirm effectiveness of the implemented corrective actions.

### Issuing certificate of accreditation

The competent authority can issue the Certificate of Accreditation where entity demonstrated through the compliance audit that they meet the criteria for accreditation, and approval of the model courses they applied to deliver. A sample copy of the certificate is located in ANNEX X.

The competent authority is to decide the period of validity for the Certificate of Accreditation and approval of model courses, it is recommended that the maximum period should not normally exceed five years. Open-ended certificates of accreditation and approval should not be issued.

Information to be contained on the certificate includes:

* Number - A unique serial number should be inserted.
* Name of Training Organisation - The full name of the organisation, as given in their official documentation.
* *Address of Training Organisation (Optional) - The full address of the organisation, as given in their official documentation, should be inserted. This may not necessarily be the address where the audit took place or where the training will be given.*
* Name of Competent Authority - The full name of the competent authority issuing the certificate.
* *Issuing Authority/Organisation (Optional) - The name of the issuing authority or organisation.*
* Date of certificate - The date on which the certificate is awarded. Note - this may not necessarily be the same as the date on which the audit was completed.
* Expiry Date - The expiry date should normally be five years less one day after the date on which the certificate was awarded.
* List of the Model Courses – List of the courses the organisation is approved to deliver.
* Other Conditions – It may be relevant to list any other conditions that the training organisation needs to comply with.

The Competent Authority should retain a copy of the certificate for their records and forward and electronic copy to IALA secretariat ([XXX@iala-aism.org](mailto:XXX@iala-aism.org)).

## Maintaining accreditation

NOTE – the yellow sections below are some draft words / ideas that need to be refined and developed more

The Competent Authority may require periodic audits to be performed at appropriate intervals to ensure continuity of standards.

[suggest have examples of either periodic audits, alternatively perhaps an annual report listing the number of students attending courses and copies of student feedback results]

[dealing with amendments during the 5 year period]

During this accreditation period, the competent authority should undertake periodic audits in accordance with this Guideline to ensure that the requirements of the Recommendation R0103 and R0141 and the respective guidelines and model courses are being maintained.

To ensure that the training organisation continues to implement the requirements of its TMS and the IALA model courses that it is approved to deliver, periodic audits of an training organisation should be undertaken. These periodic audits should ensure that the training organisations TMS is functional and is being implemented appropriately through the review of relevant documentation and evidence.

The periodic audits should also ensure that the model courses for which the training organisation is approved to deliver are being implemented in a manner consistent with the respective model course and that appropriate updates from IALA, either to the model course itself, or the technical recommendations, guidelines and general industry and operational trends have been appropriately incorporated into the training materials.

[Extract from G1100 – annex B, section B5

Periodic audit activities

The training organisation is responsible for correcting any deficiencies identified during the periodic audit. The training organisation should report corrective actions to the auditor for review and acceptance. The auditor should review the corrective actions submitted by the training organisation and determine their acceptability.

If the corrective actions are acceptable, the auditor should, by documented correspondence with the training organisation, indicate the acceptability of the corrective actions. Depending on the nature of the non‐conformities the auditor may require a follow‐up audit to confirm effectiveness of the implemented corrective actions or, in the case of major non‐conformities, recommend that the Approval Certificate be suspended until corrective action has been undertaken successfully.]

## Renewal accreditation

If the training organisation intends to continue operating, the competent authority should conduct a full audit similar to the initial audit as described in this Guideline to renew accreditation, and to approve the model courses to be delivered. Ideally, this audit should be completed within 6 months of the certificate expiry date.

This renewal audit ensures that the necessary standards have been maintained and that a new Certification of Accreditation can be issued.

## Withdrawal of accreditation

The training organisation may notify the competent authority that they no longer require their accreditation, or intend to deliver their approved model courses.

Similarly, the competent authority may consider suspending or withdrawing a Certificate of Accreditation where a training organisation is not able to demonstrate compliance with the relevant quality standards, and the standards as specified in an IALA model course for its implementation, delivery and assessment.

Where a Certificate of Accreditation is withdrawn, IALA should be informed so records can be updated and reflected accordingly on the IALA website.

# ENGAGING IALA AND USE OF IALA LOGO

The competent authority should inform IALA that a request has been made for the accreditation of a new training organisation. If necessary, IALA can provide advice with respect to the accreditation and approval process.

The use of IALA logo indicates that the accreditation and approval process complies with these Guidelines. The IALA logo may only be used by IALA member countries.

Once an accreditation and approval process has been completed, the competent authority should provide copies of the certificate of accreditation and certificates(s) of approval and the reports of the audit process to IALA.

Following receipt of these documents, the details of the training organisation will be added to the IALA website and copies of the IALA logo provided to the training organisation. The training organisation will have a licence to use the IALA logo for the duration of the validity of their accreditation and approval certificate(s). The IALA logo may only be used by training organisations located in a country that is a national member of IALA. The use of the IALA logo together with the presence of the training organisation on the IALA website indicates that the accreditation and approval process has been conducted in compliance with this Guideline.

[FROM G1100 – section 2.4 USE OF THE IALA LOGO ON NATIONAL CERTIFICATES

The use of the IALA logo on any training documentation, including certificates, can only be used by an ATO in a country where IALA has a National member. The use of the logo indicates that the whole process is in compliance with this guideline. Such certificates are considered to be valid only within the country that issued them. There may however, be instances where an 'arrangement' includes provisions previously established between countries for the reciprocal recognition of national AtoN certificates, similar to that as allowed under the STCW Convention. The guiding principle is that the decision to recognise such certificates and the process whereby such certificates are recognised rests entirely with the CA of each country.]

# DEFINITIONS

To assist in the use of these Guidelines, the following definitions and clarifications have been used:

**Accreditation** is a process whereby the competent authority …..

**Approval** is the result of an accredited training organisation successfully demonstrating that the standards specified in an IALA model course for its implementation, delivery and assessment have been met.

**Audit** is a systematic and independent verification process to assess whether the training organisation has met the required standards.

**Competent Authority** is the authority made responsible, in whole or in part, by the Government for the safety, including environmental safety, and efficiency of vessel traffic and the protection of the environment.

**Interim Approval** is issued when a training organisation seeks to deliver an IALA model course for the first time. The interim approval is valid for the first presentation of the course to enable a full approval audit to be undertaken by a competent authority.

**Quality Standards** - ……..

**Quality Management System** (QMS) is a documented process of the training organisation that comprises a set of policies, processes and procedures required for planning and implementing the training of VTS personnel. QMS enables organisations to identify measure, control and improve the various training processes that will ultimately lead to improved performance.

**Training Management System** (TMS) is a quality management system designed with the objective of ensuring the consistency in the delivery of the course and the assessment of the trainees in accordance with the minimum requirements.

**Simulator Training** is the simulation of operational events, practices and procedures to instruct students and assess their ability to demonstrate their levels of competence.

**Training organisation** – An entity accredited by the Competent Authority approved to deliver one or more IALA model courses.

# ACRONYMS

ANNEX’s – WHAT DO WE NEED??? POSSIBLE IDEAS

1. Compliance Matrix Information to be submitted

Application elements such as:

1. Compliance Matrix for Quality Standards (eg covers elements of the TMS/ QMS)
2. Generic Compliance Matrix for Model courses (eg covers elements as listed in section 4 above)
3. ??? Provide detailed guidance on the elements of a QMS/TMS that should be present
4. Sample Certificate of Accreditation
5. ??? ANNEX D RECOMMENDED PRACTICES FOR VTS TRAINING ORGANISATIONS –

Should we be including this best practice material??? or perhaps relevant elements could it be merged into section 3 and 4?

# PRACTICES AND PROCEDURES

Organisations providing VTS training should:

1. Plan the teaching and training process that directly influences the quality of teaching and learning, and ensure that these processes are properly carried out.
   1. Clearly identify and carry out an assessment of prior learning to ensure all competencies, as indicated in IALA Recommendation V-103, are met.
   2. Establish and maintain documented procedures that specify:
      1. The approach to planning and application of course plans and lesson plans including use of teaching principles, methods and equipment in classrooms and simulator rooms;
      2. control and assessment activities put in place to ensure trainees acquire the necessary levels of competence for each module of the appropriate model course.
      3. appropriate training facilities to meet the documented training objectives.
      4. maintenance procedures for the training facility’s equipment.
      5. qualifications and competence requirements of instructors and assessors.
      6. adherence to appropriate health and safety requirements and regulations.
   3. Ensure all aspects of study progression are documented and disseminated to trainees, VTS Authorities and course managers as required.
   4. Continually control and evaluate teaching activities to ensure the learning results are in accordance with the appropriate course plan.
   5. Ensure that trainees who present themselves for final tests, examination, simulation evaluations or equivalent, have completed all the required course work and exercises, including simulator exercises where appropriate.
   6. Establish procedures for the maintenance and use of equipment during the training in order to ensure that:
      1. equipment and systems are maintained in accordance with the manufacturer’s instructions and, where appropriate, calibrated as and when necessary.
      2. equipment and systems are operated in a safe and efficient manner.
      3. working conditions in the training environment, such as lighting, ventilation and heating, conform to appropriate rules and regulations.
   7. Ensure that any consumable stores necessary to maintain equipment and systems in full working order are properly controlled and stored. Where the consumable stores could lead to pollution of the environment, the procedures should reflect workplace hazardous materials requirements.

# ACTIONS FOR ENSURING TRAINING RESULTS

The organisation providing VTS training should:

1. Arrange and carry out final assessment.
   1. Ensure that any assessment is carried out in accordance with the course plan, or other documented procedures, so that proof of the training results in accordance with the requirements specified in IALA Recommendation V-103 and the appropriate Model Course, as well as the national requirements is complete.
   2. Record training results and retain these as evidence that the competence of trainees is tested and controlled. These records should indicate the results obtained by trainees for each ‘subject area’ of each module of the appropriate model course.
   3. Establish, document and maintain procedures for any complaint received. Responsibilities for reviewing, handling and following-up complaints should be defined.

**TO BE DELETED LATER -**

Maritime training institutions approved by Member States (<http://www.imo.org/en/OurWork/HumanElement/TrainingCertification/Pages/MaritimeTrainingInstitutes.aspx> )

The STCW Convention requires that training leading to the issue of a certificate is 'approved'.

The International Maritime Organization does not approve any training courses or institutes. This is a privilege and responsibility of Member Governments who are Parties to the STCW Convention.

Approval is normally given by the Maritime Administration of an STCW Party in accordance with the Convention requirements.

Amongst other things, the Convention requires that training and assessment of seafarers are administered, supervised and monitored in accordance with the provisions of the STCW Code; and those responsible for training and assessment of competence of seafarers are appropriately qualified in accordance with the provisions of the Code.

The initial approval of a maritime training programme by a Maritime Administration might include assessment of items such as those listed below in order to ensure that the training institute or training programme meet the appropriate STCW Convention standards:

•Scope and objectives of the training - e.g. to meet the requirements of STCW regulation II/1.

•Minimum entry standards - age, sea experience, other training, medical fitness etc.

•Intake limitations, student/staff ratio etc.

•Staff qualifications, experience in subject, teaching skills, assessment skills.

•Facilities and equipment necessary to meet objectives.

•The written programmes, syllabus, timetable and course material.

•Method of training: lectures, practical, videos etc. and percentage of time devoted to each.

•Assessment: methods: examination, practical, continuous assessment etc.

•Certification to be issued on completion to meet STCW requirements.

•Maintenance of student and other records.

•Security of information.

•Quality standards system requirements to ensure standards are maintained.

Remaining unused extracts from AMSAs website – (<https://www.amsa.gov.au/qualifications-training/training-organisations/stcw-training-and-assessment-quality-standards-and> )

10. Quality standards

1. The Registered training organisation is to comply with STCW Regulation l/8 and Sections A-I/8 and B-I/8 of the STCW Code.
2. The arrangements for delivering training and assessing competences must be continuously controlled and monitored by the Registered training organisation through a quality standards system to ensure achievement of the defined objectives. Each Maritime and Marine Engineering Section should be subject to an internal evaluation at least once a year and each certificate skills set or short course should be evaluated at least once in a 3 year cycle.
3. Registered training organisations are required to maintain a quality standard through documented procedures at the section level that will be evaluated by AMSA at regular intervals .
4. The quality standards system and evaluation arrangements may be part of a Registered training organisation’s overall quality assurance system.

**TO BE DELETED LATER –**

**General INFO on EOMS (ISO Standard 21001:2018)**

This Guideline draws from the requirements of ISO Standard 21001:2018 on ‘Educational organisations – management systems for educational organisations – requirements with guidance for use’.

For a full online copy see link - [*http://www.nobelcert.com/DataFiles/FreeUpload/ISO%2021001%202018.pdf*](http://www.nobelcert.com/DataFiles/FreeUpload/ISO%2021001%202018.pdf)) NOTE – it seems to be now called an EOMS rather than a TMS – Do we need to change how we refer to it?

Below is a summary of the EOMS elements (Link: [*https://pecb.com/whitepaper/iso-210012018--educational-organizations--management-systems-for-educational-organizations--requirements-with-guidance-for-use*](https://pecb.com/whitepaper/iso-210012018--educational-organizations--management-systems-for-educational-organizations--requirements-with-guidance-for-use) )

