

Policy Development and Review Policy

1. Purpose

This policy establishes principles for developing, maintaining and reviewing the Institution's policies and associated instruments (such as procedures, guidelines and any other supporting documents) to help ensure consistency and quality in its activities, ensure alignment with its strategic goals, to ensure legislative compliance and promote operational effectiveness while complementing the sustainability of the Institution's business model.

2. Scope

This policy applies to all staff involved in any policy development and review process and should be read in conjunction with the Policy Development and Review Procedures.

3. Definitions

See *Glossary of Terms*.

4. Policy statements

4.1 The Institution has developed a comprehensive suite of policies as part of its Quality Assurance Framework in order to ensure effective governance of its academic and non-academic operations. These policies are supported by a variety of procedures, forms, guidelines, templates and systems to ensure that policy decisions are effectively implemented across the Institution.

4.2 The Institution maintains a well-organised policy framework for the development, management and review of the Institution's policies and associated instruments in order to ensure a standardised and consistent approach to policy management across the Institution.

4.3 Policies and associated instruments are easily accessible and readily understood by all staff and students.

4.4 Policies and associated instruments will align with:

- a. the Institution's strategic objectives and business model;
- b. legislation;
- c. approved delegations of authority; and
- d. with other policies and associated instruments.

4.5 The Institution is committed to ensuring its policies and associated instruments will promote operational efficiency, reduce risks and align with the Delegations of Authority Schedule.

4.6 All policies and associated instruments are:

- a. written in plain English and where possible encompass staff and students
- b. stated in positive, active language (for example honesty rather than dishonesty);
- c. developed using the appropriate template;
- d. developed or reviewed in consultation with identified stakeholders;
- e. approved by the appropriate approval authority;
- f. stored and accessed via the Institution's website;
- g. applied consistently across all campuses and departments; and
- h. reviewed and updated at least every four years from the approval date or more frequently as required.

5. Policies

5.1 Policies are high level strategic directives that establishes principles to drive decision making. They stipulate a clear purpose, measurable objectives, roles/responsibilities and criteria for assessing effectiveness and efficiency.

5.2 Policies are mandatory and applied Institution-wide.

5.3 Policy is implemented through other instruments, such as procedures, guidelines or supporting documents, which give instructions and set out processes how to implement a policy. While some policies can stand alone, most will be accompanied by these associated documents.

5.4 A policy is approved by the Board of Directors or Academic Board only.

6. Procedures

6.1 Procedures explain how to implement a particular policy. They prescribe the actions, processes and the operational steps that need to be taken to implement a policy.

6.2 Procedures apply Institution-wide but may be subject to necessary or relevant campus or departmental variations.

6.3 Procedures must be approved by the delegated approval authority.

7. Guidelines

7.1 Guidelines provide advice on best practice and include additional detail or further context related to the policy and procedures. The development of a guideline document is not compulsory. Where guidelines exist, the advice must be appropriate to the specific context and aligned with the policy and procedure.

8. Supporting documents

8.1 Supporting documents such as forms or templates may be developed in conjunction with policies, procedures or guidelines as required. These documents are included in the review process of the associated policy, procedure or guidelines.

9. Roles and responsibilities

9.1 The Board of Directors is responsible for approving the policy framework and annual policy review schedule.

9.1 The Quality Assurance and Accreditation Office (QAA) is responsible for:

- implementing the policy framework and policy review schedule;
- maintaining the policy library;
- providing guidance to Responsible Officers during the policy development, review and approval phases;
- undertaking quality assurance checks for consistency and compliance; and
- reviewing and amending this policy (and related procedures) and developing guidelines and tools.

9.2 All policies will be assigned specific Responsible Officers. They are responsible for overseeing policy implementation with the oversight of their immediate supervisor. Responsible Officers are also responsible for the development and review of particular policies in consultation with the QAA Office as required.

9.3 Policies and procedures are approved by the relevant approving body in accordance with the Institution's Delegations of Authority Schedule.

9.4 The Executive Management Group ensures that policies are implemented, disseminated and systematically reviewed in accordance with the Institution's policy review cycle. In addition, EMG has authority to approve operational procedures, guidelines, rules and supporting documents that support the implementation of policies.

10. Related and documents

Policy Development and Review Procedures

Policy template

Procedures template

Approved by Board of Directors on 26 March 2021