

Policy Development and Review Procedures

1. Governing policy

The Policy Development and Review Procedures apply to the development and review of policy aspect of the *Policy Development and Review Policy*.

2. Purpose

These procedures establish the process for developing, maintaining and reviewing the institution's policies for consistency and quality, ensure alignment with strategic goals, ensure legislative compliance and promote operational effectiveness.

3. Scope

These procedures apply to all members of staff involved in developing and reviewing policy.

4. Policy cycle

4.1 Policies are developed with longevity in mind. To this end policies are reviewed every four years, unless an emerging need prompts an earlier review, in accordance with the policy review schedule.

4.2 The Quality Assurance and Accreditation Office (QAA) manages the policy review schedule on behalf of the Executive Management Group (EMG).

5. Procedures

The following steps should be followed by responsible officers when developing or reviewing policy:

5.1 Research

As part of the research phase, responsible officers should consider:

- the rationale for developing a new policy/reviewing an existing policy and

- what it is intended to achieve;
- relevant regulatory and legislative requirements;
- existing institution policies to ensure that there is no policy overlap;
- the application of the policy in practice and how it will impact other instruments, stakeholders and systems;
- how and when the policy will be implemented; and
- benchmarking.

5.2 Policy review questions

When reviewing policy, the following questions should be considered:

- Does the policy achieve its stated purpose?
- Is the policy consistent with good practice guidelines?
- Does it still comply with all legal, regulatory and legislative requirements (TEQSA, ASQA, National code, etc)?
- Does the policy continue to meet stakeholders' needs?
- Is the policy consistent with the institution's strategic direction?
- Is the policy being complied with at an operational level with and does it work in practice?
- Are roles and responsibilities in relation to implementation working and clearly defined?
- Is the policy consistent with other Institution policies, the Governance Charter and the Quality Assurance Framework?
- If changes are required, do the extent of the changes warrant that the existing policy be rescinded and replaced with a revised policy?
- In the event of updates being required, have consequential changes to other instruments or Institutions systems been identified as part of the review process?

5.3 Consultation

The consultation phase is critically important and must be undertaken

methodically and comprehensively. The responsible officers must identify and consult with all key stakeholders and must include mandatory consultation with the QAA Office. All consultation must occur prior to committee consideration. The level, extent and timeframes for the consultation stage will depend on type of policy being reviewed.

The policy must be drafted on the Policy Template and any related procedures using the Procedures Template in accordance with the institution's Quality Assurance Framework, Delegations of Authority Schedule and these procedures.

5.4 Approval

Once the draft policy has undergone robust consultation with relevant stakeholders and quality checks with the QAA Office, the final draft of the policy may be submitted to the relevant approving body for approval together with any marked-up changes to other policies, procedures, and/or delegations of authority.

The QAA Team will work with the responsible officers to finalise a formal approval process and timeline, as well as a publication timeline.

5.5 Publication

The QAA Team will obtain confirmation on whether a policy has been approved by the relevant approving body. Once a policy has been approved, the QAA Office will oversee the publication process in liaison with the responsible officers in accordance with the policy's effective date. If implementation is effective immediately, two weeks' leeway from the date of approval will be allowed for publication. Policies will be published in the Policy Register or Student Handbook (correct at time of writing but this is under review).

5.6 Communication and implementation

The EMG and responsible officers have overall responsibility for policy implementation and dissemination. Upon publication, the responsible officers should notify the EMG and other key stakeholders for onward communication and implementation. Communication will include, at the very least, the following:

- a notification email to key staff across the institution;
- a notification email to other stakeholders identified in the implementation plan;

- notification to students if applicable.

5.7 Record management

A register of all policies, their review dates and approval records are maintained by the QAA Office on behalf of the Executive Management Group.

6. Related and superseded documents

Policy Development and Review Policy

Policy Template

Procedures Template

Approved by Board of Directors on 26 March 2021