Policy Development and Review Procedures

1. **Governing policy**

The Policy Development and Review Procedures apply to the Policy Development and Review Policy.

2. **Purpose**

These procedures establish the process for developing, maintaining and reviewing the Institution's policies to ensure consistency and quality, alignment with strategic goals, legislative compliance and the promotion of 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:

Research

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

- the rationale for developing a new policy or reviewing an existing policy and what it is intended to achieve;

- relevant regulatory and legislative requirements;

- existing 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.

Policy review questions

5.2   When reviewing policy or procedures, 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?
- 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 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- If changes are required, do the extent of the changes warrant that the existing policy be rescinded and replaced with a revised policy?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?

Consultation

5.3   The consultation phase is critically important and must be undertaken methodically and comprehensively. Responsible officers must identify and consult with all key stakeholders including mandatory consultation with the QAA Office.

All consultation must occur prior to committee consideration. The level, extent and timeframes for the consultation stage depend on the type of policy being reviewed.

5.4   The student voice is a crucial part of the consultation process. Engaging students ensures that their perspectives and needs are considered, leading to more effective and inclusive policy outcomes. This consultation usually occurs during governance approval process but may occur earlier in the consultation phase as required.

5.5   A policy must be drafted using the relevant template available from the QAA team in accordance with the Quality Assurance Framework, Delegations of Authority and these procedures.

Approval

5.6   Once the draft policy has undergone thorough 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, along with any marked-up changes to other policies, procedures, and/or Delegations of Authority.

5.7   The QAA team works with the responsible officers to agree the dates for approval and publication.

Publication

5.8   Once a policy has been approved, the QAA team oversees its publication in the Policy Library in liaison with the responsible officers. If implementation is effective immediately, two weeks' leeway from the date of approval is allowed for publication.

Communication and implementation

5.9   The EMG and responsible officers have overall responsibility for policy implementation and dissemination. Upon publication, the QAA team notifies the EMG and other key stakeholders for onward communication and implementation. Communication in includes, but is not limited to, 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.

Record management

5.10 A register of all policies, their review dates and approval records are maintained by the QAA team on behalf of the EMG.

6. **Related documents**

Governance Charter

Policy Development and Review Policy

Policy Template

Procedures Template

Quality Assurance Framework

Approved by EMG on 16 May 2025